

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

District of Oregon

Case number (If known): \_\_\_\_\_

Chapter you are filing under:

- ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an  
amended filing

**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** 4 Him Food Group, LLC

2. **All other names debtor used in the last 8 years** Cosmos Creations

Include any assumed names,  
trade names, and *doing business*  
as names

3. **Debtor's federal Employer Identification Number (EIN)** 45-2444307

4. **Debtor's address**

**Principal place of business**

**Mailing address, if different from principal place of business**

395 East 1st Avenue

Number Street

Number Street

Junction City OR 97448

City State ZIP Code

P.O. Box

City State ZIP Code

Lane County

County

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

5. **Debtor's website (URL)** www.cosmoscreations.com

6. **Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

3119

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY  
Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49
- ☐ 50-99
- ☐ 100-199
- ☒ 200-999
- ☐ 1,000-5,000
- ☐ 5,001-10,000
- ☐ 10,001-25,000
- ☐ 25,001-50,000
- ☐ 50,001-100,000
- ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000
- ☐ \$50,001-\$100,000
- ☐ \$100,001-\$500,000
- ☐ \$500,001-\$1 million
- ☐ \$1,000,001-\$10 million
- ☒ \$10,000,001-\$50 million
- ☐ \$50,000,001-\$100 million
- ☐ \$100,000,001-\$500 million
- ☐ \$500,000,001-\$1 billion
- ☐ \$1,000,000,001-\$10 billion
- ☐ \$10,000,000,001-\$50 billion
- ☐ More than \$50 billion

16. Estimated liabilities

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/02/2019  
MM / DD / YYYY

**X** /s/ John Strasheim

Signature of authorized representative of debtor

John Strasheim

Printed name

Title President

18. Signature of attorney

**X** /s/ Timothy Solomon

Signature of attorney for debtor

Date 07/02/2019

MM / DD / YYYY

Timothy Solomon

Printed name

Leonard Law Group LLC

Firm name

1 SW Columbia St., Ste. 1010

Number Street

Portland

City

OR

State

97258

ZIP Code

9716340190

Contact phone

tsolomon@llg-llc.com

Email address

072573

Bar number

OR

State

# United States Bankruptcy Court

\_\_\_\_\_ District Of **Oregon** \_\_\_\_\_

In re **4 Him Food Group, LLC dba  
Cosmos Creations**

Case No. \_\_\_\_\_

Debtor

Chapter **11** \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **Hourly (See Attached)**

Prior to the filing of this statement I have received ..... \$ **See Attached**

Balance Due ..... \$ **See Attached**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

***None***

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

***None***

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/02/2019

*Date*

/s/ Timothy A. Solomon

*Signature of Attorney*

Leonard Law Group, LLC

*Name of law firm*

**1 SW Columbia, STE 1010  
Portland, OR 97204  
(971) 634-0190  
tsolomon@LLG-LLC.com**

## Attachment to Disclosure of Compensation of Attorney for Debtor

Leonard Law Group, LLC (“LLG”) has agreed to represent the Debtor, 4 Him Food Group, LLC dba Cosmos Creations (the “Debtor”) in its Chapter 11 bankruptcy filing. Prior to the filing of the petition, the Debtor provided LLG with a \$100,000 retainer for services rendered prior to and after the filing of the petition. Prior to filing the petition, \$79,881.72 of the retainer was applied to prepetition fees and expenses, leaving a balance of \$20,118.28 to be applied to post-petition fees and expenses.

LLG provided substantial services to Debtor pre-petition in addition to preparing the bankruptcy filing, including (1) investigating and evaluating a possible out of court sale or refinance and other non-bankruptcy strategies, including negotiating with interested parties, and (2) negotiating with various creditors regarding potential resolution of their claims.

**Fill in this information to identify the case:**

Debtor name 4 Him Food Group, LLC

United States Bankruptcy Court for the: District of Oregon (State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....\$ 11,011,815.00**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 4,031,202.48**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 15,043,017.48**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 11,426,290.91**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....\$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....+\$ 7,329,335.87**4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ 18,755,626.78



**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of Oregon

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Summit Bank - Business Checking	Checking	6 7 0 2	\$ 2,800.00
3.2. See continuation sheet			\$ 0.00

**4. Other cash equivalents (Identify all)**

4.1. _____	\$ _____
4.2. _____	\$ _____

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 2,800.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 1,266,197.70 - 126,619.77 = ..... → \$ 1,139,577.93  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 87,295.43 - 8,729.50 = ..... → \$ 78,565.93  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,218,143.86**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5:**
Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b> Raw Materials	06/28/2019 MM / DD / YYYY	\$	Cost	318,289.95 \$
20. <b>Work in progress</b> Work in Progress	06/28/2019 MM / DD / YYYY	\$	Cost	1,272.34 \$
21. <b>Finished goods, including goods held for resale</b> Finished Goods	06/28/2019 MM / DD / YYYY	\$	Cost	160,505.46 \$
22. <b>Other inventory or supplies</b> Packaging	06/28/2019 MM / DD / YYYY	\$	Cost	684,115.87 \$
23. <b>Total of Part 5</b> Add lines 19 through 22. Copy the total to line 84.				1,164,183.62 \$

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 6:**
Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops—either planted or harvested</b>	\$		\$
29. <b>Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. <b>Farm machinery and equipment</b> (Other than titled motor vehicles)	\$		\$
31. <b>Farm and fishing supplies, chemicals, and feed</b>	\$		\$
32. <b>Other farming and fishing-related property not already listed in Part 6</b>	\$		\$

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No  
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
	\$ _____	_____	\$ _____
40. <b>Office fixtures</b>			
	\$ _____	_____	\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Bix Hub Document Center Copier; Surveillance Camera System; Server Room; Misc. Shop & Office Equipment	\$ _____	Appraisal	\$ 33,000.00
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 33,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☐ No  
☒ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 2015 Bix Tex 140A-19, 19' 2-Axle Equipment Trailer (VIN 23F400375	\$	Appraisal	\$ 4,000.00
47.2 2016 Beg Tex 14LX-14, 14' Dump Trailer (VIN 29G4064642)	\$	Appraisal	\$ 7,000.00
47.3 2017 Cargomate 30' 5th Wheel Van Trailer (VIN 38HB459881	\$	Appraisal	\$ 7,000.00
47.4 See continuation sheet	\$ 9,322.50		\$ 20,000.00
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> See continuation sheet			
	\$ 0.00		\$ 1,575,075.00
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 1,613,075.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1	395 East 1st Avenue, Junction City, OR 97448 (Manufacturing Facility, Warehouse, Shop & Vacant Land)	Fee title	\$	Letter opinion	9,435,090.00
55.2	120 West 1st Avenue, Junction City, OR 97448 (Manufacturing Facility & Shop)	Fee title	0.00	Letter opinion	1,576,725.00
55.3			\$		\$
56.	Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				11,011,815.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Registered Trademark ("Cosmos Creations")	\$		Unknown
61.	Internet domain names and websites	\$		Unknown
62.	Licenses, franchises, and royalties	\$		\$
63.	Customer lists, mailing lists, or other compilations	\$		Unknown
64.	Other intangibles, or intellectual property	\$		\$
65.	Goodwill Goodwill etc.	\$		Unknown
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

Warehouse Property & Equipment \$ 0.00

See continuation sheet \$ 0.00

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 2,800.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 1,218,143.86	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 1,164,183.62	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 33,000.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 1,613,075.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	\$ 11,011,815.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 4,031,202.48	+ 91b. \$ 11,011,815.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. .... 15,043,017.48		\$ 15,043,017.48



**Continuation Sheet for Official Form 206 A/B****3) Checking, savings, money market, or financial brokerage accounts**

Summit Bank - Business	Checking	3303
Checking (closed)		

Balance: 0.00

Columbia Bank - Merchant	Checking	1135
Account (to be closed)		

Balance: 0.00

Columbia Bank - Business	Checking	0913
Checking (to be closed)		

Balance: 0.00

US Bank - Business	Checking	8527
Checking (to be closed)		

Balance: 0.00

**47) Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

2006 International	Appraisal	10,000.00
TK430 Bobtail 24'		
Van Truck w/ Lift		
Gate (VIN		
36H347260)		

2006 International	9,322.50	Appraisal	10,000.00
TK430 Bobtail 24'			
Van Truck w/ Lift			
Gate (VIN			
76H312107)			

**50) Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Bake Line	Appraisal	500,025.00
Equipment		
(Itemized List		
Attached)		

Mix/Blend	Appraisal	455,650.00
Equipment		
(Itemized List		
Attached)		

Equipment (Not in	Appraisal	154,750.00
Service) (Itemized		
List Attached)		

Equipment	Appraisal	2,650.00
(Outside)		
(Itemized List		
Attached)		

Debtor 1

4 Him Food Group, LLC

First Name

Middle Name

Last Name

Case number (if known)

**Continuation Sheet for Official Form 206 A/B**

Kitchen Equipment (Itemized List Attached)		Appraisal	5,200.00
Equipment (Inside Warehouse) (Itemized List Attached)		Appraisal	154,200.00
Packaging Equipment (Itemized List Attached)	0.00	Appraisal	302,600.00
77) Other property of any kind not already listed			
Store Fixtures		0.00	
Marketing Assets		0.00	

## Schedule B – List of Equipment

Property	Serial Number	Location	Group	Value
200 Gal. S.S. Jacketed Kettles Dbl. Sweep Agitation (2013)	81631-1-2	160 E. First Ave.	Mix/Blend Eqp.	\$25,000
200 Gal. S.S. Jacketed Kettles Dbl. Sweep Agitation (2012)	81631-1-1	160 E. First Ave.	Mix/Blend Eqp.	\$25,000
200 Gal. S.S. Jacketed Kettles Dbl. Sweep Agitation (2012)	74560-1	160 E. First Ave.	Mix/Blend Eqp.	\$25,000
Groen Mod. 200 Gal. S.S. Jacketed Kettle Dbl. Sweep Agitation (1982)	112871	160 E. First Ave.	Mix/Blend Eqp.	\$10,000
Syrup Metering Pump		160 E. First Ave.	Mix/Blend Eqp.	\$2,000
(2) S.S. Positive Displacement Pumps		160 E. First Ave.	Mix/Blend Eqp.	\$3,000 (\$1,500/ea.)
Butter Press		160 E. First Ave.	Mix/Blend Eqp.	\$500
(2) S.S. Sinks		160 E. First Ave.	Mix/Blend Eqp.	\$250 (\$125/ea.)
Auto 4-Kettle Jacket Temp. Control Sys. w/ (2) Temp. Feed Control Units		160 E. First Ave.	Mix/Blend Eqp.	\$5,000
Parker Mod. Boiler w/ Still (2012)	60851	160 E. First Ave.	Mix/Blend Eqp.	\$20,000
Custom Care Water Filter			Mix/Blend Eqp.	\$200
Rogers Mod. Rotary Screw Air Compressor	1606520877	160 E. First Ave. (Outside)	Mix/Blend Eqp.	\$8,000
5 H.P. Vert. Tank Mounted Air Compressor		160 E. First Ave. (Outside)	Mix/Blend Eqp.	\$200
Quincy Mod. 10 H.P. Tank Mounted Air Compressor	5021545	160 E. First Ave. (Outside)	Mix/Blend Eqp.	\$800
Zacks Dryer		160 E. First Ave. (Outside)	Mix/Blend Eqp.	\$400
Air Receiver		160 E. First Ave. (Outside)	Mix/Blend Eqp.	\$200
Screw S.S. Port. Auger Blender (2'x5'x2')		160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$10,000
(2) Port. 10' Auger Screw Ingredient Feeders		160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$4,000 (\$2,000/ea.)
Maddox Mod. MX550 Dough Extruder w/ Hopper & Feeder	21279-07/14	160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$40,000
Inclined Port. Belt Feeder Conveyor (12"x15")		160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$2,500
Groen Jacketed Thru Auger	40260-3	160 E. First Ave.	Mix/Blend Eqp.	\$15,000

## Schedule B – List of Equipment

Screw Coater (1988)		(Line #1)		
Custom 8-Tier Drying Oven		160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$10,000
Anex Mod. Z-Type Bucket Elevator	SW351	160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$12,000
Plastic Belt Conveyor Drying Line (3'x30')		160 E. First Ave. (Line #1)	Mix/Blend Eqp.	\$10,000
Creators Flo-Thru Baked Puffer (2016)	1609520	160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$80,000
Anex Mod. Z-Type Bucket Elevator w/ Feeder	5W2020	160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$18,000
Tumbler (6'Dia.)		160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$2,000
(2) Port. Plastic Belt Conveyors (12"x15')		160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$4,000 (\$2,000/ea.)
Maddox Mod. Baked Dough Extruder (2013)	20187-10/13	160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$40,000
Groen Mod. Jacked Auger Screw Coater (2013)	81631-1	160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$30,000
Custom 7-Tier Drying Oven w/ Offfeed Conveyor		160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$10,000
Axex. Mod. Z-Type Bucket Elevator (2013)	1674	160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$18,000
Plastic Belt Drying Conveyor (3'x30')		160 E. First Ave. (Line #2)	Mix/Blend Eqp.	\$4,000
(2) Accurate Feeders		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$3,000 (\$1,500/ea.)
Kleen Solutions Washer		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$1,000
S.S. Sink		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$250
Reznor Air Make Up Unit		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$2,000
(3) Feeders		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$600 (\$200/ea.)
Key Iso Flo 12' Vibratory Feeder		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$8,000
Plastic Feed Conveyor (12"x20')		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$1,500
Cross Feed Belt Conveyor (12"x40')		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$1,000
(2) Elec. Pallet Lifts		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$3,000 (\$1,500/ea.)
(2) Hyd. Pallet Jacks		160 E. First Ave. (Misc.)	Mix/Blend Eqp.	\$250 (\$125/ea.)
<b>TOTAL</b>			<b>Mix/Blend Eqp.</b>	<b>\$455,650</b>

## Schedule B – List of Equipment

Combi Primo Weigher 14-Station Weigh Scale Feeder w/ Hopper (2010)	3015	160 E. First Ave.	Packaging	\$15,000
Combi Primo Weigher 14-Station Weigh Scale Feeder w/ Hopper (2010)	3475	160 E. First Ave.	Packaging	\$15,000
Ishida Weigh Scale Feeder		160 E. First Ave.	Packaging	\$15,000
Yamato Mod. 14-Station Weigh Scale Feeder	WG060413	160 E. First Ave.	Packaging	\$40,000
Weigh Pack Mod. Form-Fill-Seal Baggers w/ Offfeed Conveyors (2013)	3503	160 E. First Ave.	Packaging	\$30,000
Weigh Pack Mod. Form-Fill-Seal Baggers w/ Offfeed Conveyors (2013)	3464	160 E. First Ave.	Packaging	\$30,000
Viking Masek Velocity Rotary Form-Fill-Seal Baggers w/ Tubes (2014)	SB05860	160 E. First Ave.	Packaging	\$70,000
Matrix Pro Mod. Form-Fill-Seal Bagger w/ Tubes & Conveyor (2013)	SB05860	160 E. First Ave.	Packaging	\$35,000
Little David Case Taper		160 E. First Ave.	Packaging	\$1,200
Bel 150 Case Taper		160 E. First Ave.	Packaging	\$2,000
Biz. Hub 601, Doc. Center		160 E. First Ave.	Packaging	\$1,000
(2) Ped. Type Ped. Digital Scales		160 E. First Ave.	Packaging	\$2,000 (\$1,000/ea.)
(5) Bench Type Digital Scales		160 E. First Ave.	Packaging	\$1,000 (\$500/ea.)
Lantech G Series Auto. Pallet Wrapper (2014)	G0000447	160 E. First Ave.	Packaging	\$7,000
Hyster Mod. 25000 lb. Elec. Forklift	J160N01762B	160 E. First Ave.	Packaging	\$8,000
Elec. Scissor Lift		160 E. First Ave.	Packaging	\$3,500
Tile Trash Hoppers (4)		160 E. First Ave.	Packaging	\$1,000 (\$250/ea.)
Crown 3000 lb. Elec. Forklift		160 E. First Ave.	Packaging	\$4,000
(2) Crown Yale Elec. Pallet Lifts		160 E. First Ave.	Packaging	\$3,000 (\$1,500/ea.)
(2) Advanced Convermatic Floor Scrubbers		160 E. First Ave.	Packaging	\$5,000 (\$2,500/ea.)
Toyota Elec. Pallet Lift		160 E. First Ave.	Packaging	\$1,200
Miller Syncrowave 250 Amp. Heli-Arc Welder		160 E. First Ave.	Packaging	\$2,000
Miller 210 Wire Welder		160 E. First Ave.	Packaging	\$1,500
(2) Prentice Vert. Hyd. Bailers		160 E. First Ave.	Packaging	\$2,000 (\$1,000/ea.)

## Schedule B – List of Equipment

Misc. Maintenance Shop Equip.	160 E. First Ave.	Packaging	\$5,000
(4) Steel Mezzanines	160 E. First Ave.	Packaging	\$2,000 (\$500/ea.)
5 H.P. Tank Mounted Air Compressor	160 E. First Ave.	Packaging	\$200
<b>TOTAL</b>		<b>Packaging</b>	<b>\$302,600</b>

Kleen Solutions Dish Washer	160 E. First Ave.	Kitchen	\$1,000
S.S. Sink	160 E. First Ave.	Kitchen	\$200
COP Clean Tank	160 E. First Ave.	Kitchen	\$2,000
Misc. Shop & Equip.	160 E. First Ave.	Kitchen	\$2,000
<b>TOTAL</b>		<b>Kitchen</b>	<b>\$5,200</b>

Port. Auger Screw S.S. Blender w/ Platform (2'x3')	395 E. First Ave.	Bake Line Eqp.	\$3,500
Port. 10' Auger Screw Feeder w/ Hopper	395 E. First Ave.	Bake Line Eqp	\$2,000
Maddox Mod. Baked Puffer Extruder w/ Hopper (2015)	22032-05/15 395 E. First Ave.	Bake Line Eqp	\$60,000
Inclined Plastic Belt Conveyor (3'x24')	395 E. First Ave.	Bake Line Eqp	\$3,500
Friez Vibratory Hopper	395 E. First Ave.	Bake Line Eqp	\$1,500
PPM Spray Coater w/ Oil Spray Rotary Pump & Feeder (2014)	395 E. First Ave.	Bake Line Eqp	\$40,000
Chain Conveyor (3'x14')	395 E. First Ave.	Bake Line Eqp	\$2,000
Custom Port. Drying Line (3'x20')	395 E. First Ave.	Bake Line Eqp	\$3,000
(2) Port. Plastic Offfeed Conveyors (2'x20')	395 E. First Ave.	Bake Line Eqp	\$6,000 (\$3,000/ea.)
Flux Port. Drum Pump	395 E. First Ave.	Bake Line Eqp	\$5,000
300 Gal. S.S. Jacketed Mixing Tank w/ S.S. Pump	395 E. First Ave.	Bake Line Eqp	\$12,000
50 Gal. S.S. Jacketed Tank w/ S.S. Pump	395 E. First Ave.	Bake Line Eqp	\$2,500
Vibratory Feeder (4"x4')	395 E. First Ave.	Bake Line Eqp	\$2,500
Spray Coater Drum (8')	395 E. First Ave.	Bake Line Eqp	\$7,000
(3) Spray Coater Drums (not in service)	395 E. First Ave.	Bake Line Eqp	\$7,500 (\$2,500/ea.)
Plastic Belt Conveyor (12"x8")	395 E. First Ave.	Bake Line Eqp	\$1,500
(2) Accu Rate Ingredient Feeders	395 E. First Ave.	Bake Line Eqp	\$3,000 (\$1,500/ea.)

## Schedule B – List of Equipment

Accu. Rate Feed 8' Screw Conveyor				\$2,500
(2) Meyer Vibratory Feeders		395 E. First Ave.	Bake Line Eqp	\$1,000 (\$500/ea.)
Vibratory Feeder w/ Stand (6"x5')		395 E. First Ave.	Bake Line Eqp	\$500
Port. 3'x20" Port. Feed Conveyor		395 E. First Ave.	Bake Line Eqp	\$3,000
(2) Stud-Veyors		395 E. First Ave.	Bake Line Eqp	\$4,000 (\$2,000/ea.)
Weight Scall Pallet Jack		395 E. First Ave.	Bake Line Eqp	\$500
(3) Single-Station Packagers		395 E. First Ave.	Bake Line Eqp	\$9,000 (\$3,000/ea.)
(5) Hyd. Pallet Jacks		395 E. First Ave.	Bake Line Eqp	\$625 (\$125/ea.)
(5) Pack Vac Leak Detectors		395 E. First Ave.	Bake Line Eqp	\$2,500 (\$500/ea.)
Scissor Lift		395 E. First Ave.	Bake Line Eqp	\$1,500
(2) Feed Conveyors w/ Feeders (3'x8')		395 E. First Ave.	Bake Line Eqp	\$10,000 (\$5,000/ea.)
Yamato Mod. 14-Station Weigh Scale Feeder	WG090040	395 E. First Ave.	Bake Line Eqp	\$45,000
Yamato Mod. 20-Station Weigh Scale Feeder (2006)	ZOYEAD90045	395 E. First Ave.	Bake Line Eqp	\$25,000
Matrix Mod. Form-Fill-Seal Bagger (2011)	SB10401	395 E. First Ave.	Bake Line Eqp	\$35,000
Matrix Orion Dual Head Form-Fill-Seal Bagger w/ MD & (2) Conveyors	SB09310	395 E. First Ave.	Bake Line Eqp	\$45,000
(4) Flex Roller Conveyors		395 E. First Ave.	Bake Line Eqp	\$4,000 (\$1,000/ea.)
Mezzanine		395 E. First Ave.	Bake Line Eqp	\$2,000
S.S. Piping & Fittings		395 E. First Ave.	Bake Line Eqp	\$2,000
Lazy Susan (8')		395 E. First Ave.	Bake Line Eqp	\$2,500
(3) Case Tapers		395 E. First Ave.	Bake Line Eqp	\$4,500 (\$1,500/ea.)
(2) Foamers		395 E. First Ave.	Bake Line Eqp	\$2,000 (\$1,000/ea.)
Case Taper		395 E. First Ave.	Bake Line Eqp	\$1,500
(2) Meyer 20" Z-Type Bucket Elevators		395 E. First Ave.	Bake Line Eqp	\$18,000 (\$9,000)
(2) On-Demand Heaters		395 E. First Ave.	Bake Line Eqp	\$2,000 (\$1,000/ea.)
Weber Labeler		395 E. First Ave.	Bake Line Eqp	\$1,000
Loveshaw Labeler /w Conveyor		395 E. First Ave.	Bake Line Eqp	\$2,000

## Schedule B – List of Equipment

Port. Offfeed Conveyor (12"x20")		395 E. First Ave.	Bake Line Eqp	\$150
Hyster Mod. 3000Lb. Elec. Forklift	H160N02021X	395 E. First Ave.	Bake Line Eqp	\$5,000
Lantech Mod. Pallet Wrapper w/ Extra Height & Auto Wrap		395 E. First Ave.	Bake Line Eqp	\$8,000
Combi Box Former		395 E. First Ave.	Bake Line Eqp	\$4,000
(284) Sect. Steel Pallet Racking		395 E. First Ave.	Bake Line Eqp	\$42,600 (\$150/ea.)
COP Tank		395 E. First Ave.	Bake Line Eqp	\$2,500
Dish Washer & Sink		395 E. First Ave.	Bake Line Eqp	\$1,250
Cretors Flo Thru Baked Puffed Lab Extruder	3125466	395 E. First Ave.	Bake Line Eqp	\$12,000
(2) 50 Gal. S.S. Jacked Mixing Tanks		395 E. First Ave.	Bake Line Eqp	\$5,000 (\$2,500/ea.)
Refrigerator		395 E. First Ave.	Bake Line Eqp	\$250
(2) Corn Treat Cooker Mixers		395 E. First Ave.	Bake Line Eqp	\$3,000 (\$1,500/ea.)
Lang 2-Door Convection Oven		395 E. First Ave.	Bake Line Eqp	\$700
Oxygen Analyzer		395 E. First Ave.	Bake Line Eqp	\$1,000
Moisture Analyzer		395 E. First Ave.	Bake Line Eqp	\$500
Misc. Lab Equipment		395 E. First Ave.	Bake Line Eqp	\$1,000
Cheese Corn Tumbler				\$500
Cont. Band Sealer		395 E. First Ave.	Bake Line Eqp	\$200
(2) Auto Counter Conveyors		395 E. First Ave.	Bake Line Eqp	\$2,000 (\$1,000/ea.)
(5) Digital Bench Sealers		395 E. First Ave.	Bake Line Eqp	\$1,250 (\$250/ea.)
Cleaver Brooks Mod. Boiler w/ Still	BT8323	395 E. First Ave.	Bake Line Eqp	\$8,000
Cleaver Brooks Mod. Boiler w/ Still	BT8324	395 E. First Ave.	Bake Line Eqp	\$8,000
Parker 10 H.P. Boiler	19228			\$2,000
Haz-Mat Cabinets		395 E. First Ave.	Bake Line Eqp	\$2,500
<b>TOTAL</b>			<b>Bake Line Eqp</b>	<b>\$500,025</b>
Blogett Convection Oven		395 E. First Ave.	Eqp. (Not in Service)	\$250
(2) Pan Coaters		395 E. First Ave.	Eqp. (Not in Service)	\$4,000 (\$2,000/ea.)
(2) Lightin' Mixers		395 E. First Ave.	Eqp. (Not in Service)	\$1,000 (\$500/ea.)
(3) Accurite Feeders		395 E. First Ave.	Eqp. (Not in	\$1,500



## Schedule B – List of Equipment

		Service)	(\$500/ea.)
(2) New Positive Displacement Pumps	395 E. First Ave.	Eqp. (Not in Service)	\$7,000
1000 Gal. S.S. Tank	395 E. First Ave.	Eqp. (Not in Service)	(\$3,500/ea.)
			\$1,500
New & Used S.S. Valves	395 E. First Ave.	Eqp. (Not in Service)	\$5,000
Lazy Susan (5')	395 E. First Ave.	Eqp. (Not in Service)	\$1,000
(2) New 5000 lb. Traveling Chair Hoists	395 E. First Ave.	Eqp. (Not in Service)	\$6,000
			(\$3,000/ea.)
Case Taper	395 E. First Ave.	Eqp. (Not in Service)	\$500
(2) Used 5000 lb. Traveling Chain Hoists	395 E. First Ave.	Eqp. (Not in Service)	\$2,000
			(\$1,000/ea.)
Inclined Bucket Elevator (8')	395 E. First Ave.	Eqp. (Not in Service)	\$2,000
Metering Slurry Pumping System	395 E. First Ave.	Eqp. (Not in Service)	\$15,000
Liebert Air Conditioner	395 E. First Ave.	Eqp. (Not in Service)	\$2,500
S.S. Kettle Dumper	395 E. First Ave.	Eqp. (Not in Service)	\$1,500
Cretos Mod. Baked Puffer (2017) (New, Wrapped)	395 E. First Ave.	Eqp. (Not in Service)	\$90,000
(3) S.S. Pharma Port. Hoppers	395 E. First Ave.	Eqp. (Not in Service)	\$4,500
			(\$1,500/ea.)
S.S. Auger w/ Bin	395 E. First Ave.	Eqp. (Not in Service)	\$2,500
5 Gal. Kettle	395 E. First Ave.	Eqp. (Not in Service)	\$500
(5) Dunk Tanks for Bag Leaks	395 E. First Ave.	Eqp. (Not in Service)	\$5,000
			(\$1,000/ea.)
Vacuum Lift System	395 E. First Ave.	Eqp. (Not in Service)	\$1,500
<b>TOTAL</b>		<b>Eqp. (Not in Service)</b>	<b>\$154,750</b>
Compare Cod. 15 H.P. Rotary Screw Air Compressor	395 E. First Ave.	Eqp. (Outside)	\$2,500
5 H.P. Tank Mounted Air Compressor	395 E. First Ave.	Eqp. (Outside)	\$150
<b>TOTAL</b>		<b>Eqp. (Outside)</b>	<b>\$2,650</b>

## Schedule B – List of Equipment

Wangen Heated Extrusion Pump		395 E. First Ave.	Eqp. (Inside Warehouse)	\$35,000
(2) Genie Mod. Scissor Lifts		395 E. First Ave.	Eqp. (Inside Warehouse)	\$8,000 (\$4,000/ea.)
Yale 4000 lb. Elec. Forklift	G807N08500N	395 E. First Ave.	Eqp. (Inside Warehouse)	\$5,000
Yale 4000 lb. Elec. Forklift	E807N05303A	395 E. First Ave.	Eqp. (Inside Warehouse)	\$5,000
Yale 4000 lb. Elec. Forklift	G807N01809N	395 E. First Ave.	Eqp. (Inside Warehouse)	\$8,000
Yale Hyd. Turner Attachment		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,000
Elec. Cart		395 E. First Ave.	Eqp. (Inside Warehouse)	\$200
Golf Cart		395 E. First Ave.	Eqp. (Inside Warehouse)	\$500
Jughennier Elec. Forklift		395 E. First Ave.	Eqp. (Inside Warehouse)	\$3,000
Spray Coater (3'x8')		395 E. First Ave.	Eqp. (Inside Warehouse)	\$5,000
(5) Flour Hoppers w/ Air Valves		395 E. First Ave.	Eqp. (Inside Warehouse)	\$2,500 (\$500/ea.)
Marsh 5000 Labeler		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,000
(3) Conveyors		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,500 (\$500/ea.)
(50 Track Mounted Turn Tables		395 E. First Ave.	Eqp. (Inside Warehouse)	\$2,500 (\$500/ea.)
Maintenance Shop		395 E. First Ave.	Eqp. (Inside Warehouse)	\$4,000
Cold Saw		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,500
Powermax Plasma Welder		395 E. First Ave.	Eqp. (Inside Warehouse)	\$700
(3) Lincoln Welders		395 E. First Ave.	Eqp. (Inside Warehouse)	\$3,000 (\$1,000/ea.)
Hand Brake (6')		395 E. First Ave.	Eqp. (Inside Warehouse)	\$500
Ridgid 300 Pipe Threader		395 E. First Ave.	Eqp. (Inside Warehouse)	\$500
Ridgid 1822 Pipe Threader		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,800
Misc. Equipment in Racking		395 E. First Ave.	Eqp. (Inside Warehouse)	\$15,000
(5) Spring Coil Lifts		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,500 (\$300/ea.)

## Schedule B – List of Equipment

(2) Elec. Pallet Lifts		395 E. First Ave.	Eqp. (Inside Warehouse)	\$800 (\$400/ea.)
Power Boss Commander Dry Sweep & Scrubber	17496038	395 E. First Ave.	Eqp. (Inside Warehouse)	\$25,000
Lantech Mod. G. Auto Stretch Wrapper (2014)	G0000275	395 E. First Ave.	Eqp. (Inside Warehouse)	\$7,000
Penn Mod. Digital Platform Scale		395 E. First Ave.	Eqp. (Inside Warehouse)	\$1,200
Cat Mod. Riding Elec. Pallet Jack		395 E. First Ave.	Eqp. (Inside Warehouse)	\$3,500
Crown Stand Up Elec. Order Picker		395 E. First Ave.	Eqp. (Inside Warehouse)	\$10,000
<b>TOTAL</b>			<b>Eqp. (Inside Warehouse)</b>	<b>\$154,200</b>

### SUMMARY:

<b>Mix/Blend Eqp.</b>	<b>\$455,650</b>
<b>Packaging</b>	<b>\$302,600</b>
<b>Kitchen</b>	<b>\$5,200</b>
<b>Bake Line Eqp</b>	<b>\$500,025</b>
<b>Eqp. (Not in Service)</b>	<b>\$154,750</b>
<b>Eqp. (Outside)</b>	<b>\$2,650</b>
<b>Eqp. (Inside Warehouse)</b>	<b>\$154,200</b>
<b>TOTAL</b>	<b>\$1,575,075</b>

**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of Oregon

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

**Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.**Column B**  
**Value of collateral that supports this claim****2.1 Creditor's name**2Loris, LLC**Creditor's mailing address**Randy McPherson  
1247 Crenshaw Rd, Eugene, OR 97401**Creditor's email address, if known****Date debt was incurred** 1/16/2018**Last 4 digits of account number** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

**Describe debtor's property that is subject to a lien**Blanket Lien: All Goods related to Real Property, Inventory, Accounts, Chattel Paper, General Intangibles**Describe the lien**Agreement you made**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$ 2,387,265.00\$ 4,000,000.00**2.2 Creditor's name**  
American Pop Corn**Creditor's mailing address**One Fun Place  
PO Box 178, Sioux City, IA 51102**Creditor's email address, if known****Date debt was incurred** 9/26/2017**Last 4 digits of account number** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe debtor's property that is subject to a lien**Equipment: Cretors Flo-Thru 650 Puffer-Gas-Air-Popper and related Sifter**Describe the lien**Agreement you made**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

**Is anyone else liable on this claim?**

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$ 140,354.00\$ 90,000.00**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$ 11,426,290.91

**Part 1: Additional Page****Column A****Amount of claim**

Do not deduct the value of collateral.

**Column B****Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.3** **Creditor's name**  
Celtic Capital Corp.**Describe debtor's property that is subject to a lien**

All Assets

\$1,095,300.00

\$4,000,000.00

**Creditor's mailing address**23622 Calabasas Rd.  
Suite 323, Calabasas, CA 91302**Creditor's email address, if known****Date debt was incurred** 8/29/2018**Last 4 digits of account number****Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.4** **Creditor's name**  
Columbia State Bank**Describe debtor's property that is subject to a lien**395 East 1st Avenue, Junction City, OR  
97448 (Manufacturing Facility, Warehouse,  
Shop & Vacant Land)

\$3,661,445.40

\$9,435,090.00

**Creditor's mailing address**1301 A St.  
Suite 800, Tacoma, WA 98402**Creditor's email address, if known****Date debt was incurred** 10/31/2017**Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Part 1: Additional Page****Column A****Amount of claim**

Do not deduct the value of collateral.

**Column B****Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.5** **Creditor's name**  
Columbia State Bank**Describe debtor's property that is subject to a lien**120 West 1st Avenue, Junction City, OR  
97448 (Manufacturing Facility & Shop)

\$771,091.70

\$1,576,725.00

**Creditor's mailing address**

1301 A St.

Suite 800, Tacoma, WA 98402

**Creditor's email address, if known****Date debt was incurred** 10/31/2017**Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.6** **Creditor's name**  
Columbia State Bank**Describe debtor's property that is subject to a lien**All equipment and general intangibles;  
current and after acquired

\$1,030,387.00

\$4,000,000.00

**Creditor's mailing address**

1301 A St.

Suite 800, Tacoma, WA 98402

**Creditor's email address, if known****Date debt was incurred** 10/3/2014**Last 4 digits of account number****Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.7** **Creditor's name**  
De Lage Landen Financial Services, Inc.**Describe debtor's property that is subject to a lien**All Equipment Leased or Financed per  
Lease No. 100-10172916

\$0.00

\$0.00

**Creditor's mailing address**1111 Old Eagle School Rd.  
Wayne, PA 19087**Creditor's email address, if known****Date debt was incurred** 4/16/2018**Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.8** **Creditor's name**  
Dominguez Family Enterprises, Inc.**Describe debtor's property that is subject to a lien**

Account Receivables, Inventory

\$2,000,000.00

\$2,384,000.00

**Creditor's mailing address**2885 Van Horn Dr.  
Hood River, OR 97031**Creditor's email address, if known****Date debt was incurred** 4/30/2019**Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.9** **Creditor's name**  
Lane County - Business Tax Warrant**Describe debtor's property that is subject to a lien**

Business Personal Property

\$845.96

\$4,000,000.00

**Creditor's mailing address**

125 E. Eighth Ave.

Eugene, OR 97401

**Creditor's email address, if known****Date debt was incurred** 8/10/2017**Last 4 digits of account number** 6530**Describe the lien**

Statutory

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.10** **Creditor's name**  
LANE COUNTY TAX ASSESSOR**Describe debtor's property that is subject to a lien**

Real &amp; Personal Property

\$79,601.85

\$14,000,000.00

**Creditor's mailing address**

125 EAST 8TH AVENUE

EUGENE, OR 97401

**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_



**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.11** **Creditor's name**  
OnDeck Capital**Describe debtor's property that is subject to a lien**

All Assets

\$260,000.00

\$4,000,000.00

**Creditor's mailing address**1400 Broadway  
25th Floor, New York, NY 10018**Creditor's email address, if known****Date debt was incurred** 6/6/2019**Last 4 digits of account number****Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_**2.12** **Creditor's name**  
Wells Fargo Bank, N.A.**Describe debtor's property that is subject to a lien**

2010 Yale ERP030 Forklift (Used)

\$0.00

\$8,000.00

**Creditor's mailing address**300 Tri-State International  
STE 400, Lincolnshire, IL 60069**Creditor's email address, if known****Date debt was incurred** 8/24/3014**Last 4 digits of account number****Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13 **Creditor's name**  
Worldwide Capital Management, Inc.**Describe debtor's property that is subject to a lien**

All Present and Future Receivables, Accounts, Chattel Paper, Deposit Accounts, Personal Property, Assets and Fixtures, General Intangibles, Instruments, Equipment, Inventory

\$0.00

\$4,000,000.00

**Creditor's mailing address**30 Wall Street  
8th Floor, New York, NY 10005**Creditor's email address, if known****Date debt was incurred** 3/4/2019**Last 4 digits of account number****Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_2. **Creditor's name****Describe debtor's property that is subject to a lien**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Creditor's mailing address****Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☐ No☐ Yes**Is anyone else liable on this claim?**☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
2Loris, LLC 450 Country Club Road, Suite 310 Eugene, OR, 97401	Line 2. <u>1</u>	_____
2Loris, LLC 79 Centennial Loop Eugene, OR, 97401	Line 2. <u>1</u>	_____
Celtic Capital Corp. Hemar, Rousso & Heald, LLP, Attn: J. Alexandra Rhim 15910 Ventura Blvd., 12th Floor Encino, CA, 91436	Line 2. <u>3</u>	_____
Columbia State Bank 500 E Broadway Suite 300 Vancouver, WA, 98660	Line 2. <u>5</u>	_____
Columbia State Bank Farleigh Wada Witt, Attn: Kimberley McGair and Margot Seitz Esq. 121 SW Morrison Street, Suite 600 Portland, OR, 97204	Line 2. <u>5</u>	_____
Dominguez Family Enterprises, Inc. Motschenbacher & Blattner LLP, Attn: Nicholas J. Henderson 117 SW Taylor, #300 Portland, OR, 97204	Line 2. <u>8</u>	_____
OnDeck Capital On Deck Capital Client Services Center 4201 Wilson Blvd, Ste 110-209 Arlington, VA, 22203	Line 2. <u>11</u>	_____
Worldwide Capital Management, Inc. 6 Venture Suite 305 Irvine, CA, 92618	Line 2. <u>13</u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____
	Line 2. <u>  </u>	_____

**Fill in this information to identify the case:**

Debtor 4 Him Food Group, LLC

United States Bankruptcy Court for the: District of Oregon

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Adair, Marcela G  
131 SW Kalmia St  
  
Junction City, OR, 97448

Date or dates debt was incurred  
\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Total claim****Priority amount**

\$ \_\_\_\_\_

**2.2 Priority creditor's name and mailing address**

Arnold, Jason  
1897 Balboa Street  
  
Eugene, OR, 97408

Date or dates debt was incurred  
\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**2.3 Priority creditor's name and mailing address**

Barber, Stephen  
684 Oakdale Avenue  
  
Springfield, OR, 97477

Date or dates debt was incurred  
\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>4</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Bedolla, Mary B  
1304 Chambers Apt 3  
  
Eugene, OR, 97402

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>5</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Bivens II, Kelly R  
411 Alder Street  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>6</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Blasengame, Dominic J  
92599 Prairie Road  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>7</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Buck, Kenyon E  
1340 C Street

Springfield, OR, 97477

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.<sup>8</sup> Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Buntin, Sean L  
4866 Camellia Street

Springfield, OR, 97478

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**2.<sup>9</sup> Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Cain, Benjamin  
1063 S. 34th Place

Springfield, OR, 97478

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**2.<sup>10</sup> Priority creditor's name and mailing address**\$ 0.00

\$ \_\_\_\_\_

California Franchise Tax Board  
PO Box 1468

Sacramento, CA, 95812

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**

\_\_\_\_\_

**Last 4 digits of account number**

\_\_\_\_\_

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (\_\_\_\_)**2.<sup>11</sup> Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Campbell, Marianne  
820 Williams Street

Eugene, OR, 97402

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>12</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Chambers, Aaron R  
1050 Nyssa Street

Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>13</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Conklin Jr, William  
3255 Gateway Street #8

Springfield, OR, 97477

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>14</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Davis, Seth M  
245 Crona Street

Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>15</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

De Castro, Jheorgie  
28611 Cox Butte Road

Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.16 Priority creditor's name and mailing address**

\$ Unknown

\$

Drago, Caitlyn  
643 Kalmia Street

Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**2.17 Priority creditor's name and mailing address**

\$ Unknown

\$

Dunigan, John D  
475 Lindale Apt 28

Springfield, OR, 97477

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**2.18 Priority creditor's name and mailing address**

\$ Unknown

\$

Dunn, Robert K  
740 65th Street

Springfield, OR, 97478

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**2.19 Priority creditor's name and mailing address**

\$ Unknown

\$

Fultz, David L  
92599 Prairie Road

Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)



**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>20</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Garcia, Anthony  
1326 Oak Patch Road #45  
  
Eugene, OR, 97402

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>21</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Gibson, Amelia  
2681 Janelle Way  
  
Eugene, OR, 97404

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>22</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Gonzales, Robert  
788 Elm Street  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>23</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Harris, Kirby M  
440 E 2nd Avenue  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number** \_\_\_\_\_Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>24</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Hayes, Steven R  
2844 Martinique Ave

Eugene, OR, 97408

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)2. <sup>25</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Henderson, Scott M  
17056 Cougar

La Pine, OR, 97739

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)2. <sup>26</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Hogan, Matthew O  
2620 Ross Lane

Eugene, OR, 97404

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)2. <sup>27</sup> **Priority creditor's name and mailing address****As of the petition filing date, the claim is:** \$ 0.00

\$

IRS  
PO Box 7346  
Philadelphia, PA, 19101-7346

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    )

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>28</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Judd, Jeffrey Tab  
1425 South Lindsay Road #32  
  
Mesa, AZ, 85204

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>29</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Kerns, David D  
27451 Bud Vaughn Rd  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>30</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Kerns, Michelle L  
27451 Bud Vaughn Rd  
  
Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>31</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Korte, Bryan A  
1825 G Street  
  
Springfield, OR, 97477

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>32</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Krueger, Jett  
3376 Chevy Chase Street  
  
Eugene, OR, 97401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>33</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Kuhn, James M  
93520 Highway 99 #6  
  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>34</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

LaFontaine, Hanna  
Darlene Lane Apt 144  
  
Eugene, OR, 97401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>35</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Malecha, Bryan C  
4415 Avalon Street  
  
Eugene, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>36</sup> **Priority creditor's name and mailing address**

McBride, Ricky Lee  
2380 Roosevelt Blvd. #5  
  
Eugene, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>37</sup> **Priority creditor's name and mailing address**

McKinney, Jr, Terry  
2005 Marcola Road  
  
Springfield, OR, 97477

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>38</sup> **Priority creditor's name and mailing address**

Merrill, Jennifer L  
576 Taney Street  
  
Eugene, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. <sup>39</sup> **Priority creditor's name and mailing address**

Mogstad, Dean W  
6617 Main St  
  
Springfield, OR, 97478

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>40</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Mogstad, Kristen  
6615 Main Street

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Springfield, OR, 97478

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)2. <sup>41</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Moody, Jahi J  
310 Mill Street Apt 23

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Springfield, OR, 97477

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)2. <sup>42</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Moosbrugger, Kacie M  
1747 Elkay Drive

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Eugene, OR, 97404

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)2. <sup>43</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Nelson, Casey A  
1725 N. 5th Street

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Springfield, OR, 97477

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4 \_\_\_\_\_)

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>44</sup> Priority creditor's name and mailing address

\$0.00

\$

ODR  
Bankruptcy Dept.  
955 Center St. NE  
Salem, OR, 97301

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

- ☒ No  
☐ Yes

2. <sup>45</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Passmore, Bill  
350 Cedar Street

Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 )

- ☒ No  
☐ Yes

2. <sup>46</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Pomeroy, Derek  
834 Laurel Street

Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 )

- ☒ No  
☐ Yes

2. <sup>47</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Schmid, Lori I  
91175 N. Emerald Street

Coburg, OR, 97408

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4 )

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>48</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Scott, Carissa J  
3652 River Heights Drive  
  
Springfield, OR, 97477

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>49</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Strasheim, James B  
537 NEISMITH BLVD  
  
Eugene, OR, 97404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>50</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Strasheim, Jerid D  
852 Unity Drive  
  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>51</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Strasheim, John P  
1138 Breckenridge Drive  
  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes



**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>52</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Strasheim, Josh W  
111 SW Quince Street

Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>53</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Strasheim, Mary C  
1138 Breckenridge

Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>54</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Strasheim, Nicole  
94893 Hwy 99 W

Junction City, OR, 97448

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>55</sup> **Priority creditor's name and mailing address**\$ Unknown

\$ \_\_\_\_\_

Thomas, Jacob  
4330 Murname

Eugene, OR, 97402

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred**

\_\_\_\_\_

**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number**

\_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>56</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Thomas, Rickey  
643 Territorial Road

Harrisburg, OR, 97446

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)****Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>57</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Villa, Maria V  
PO Box 71663

Springfield, OR, 97475

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)****Is the claim subject to offset?**

- ☒ No  
☐ Yes

2. <sup>58</sup> **Priority creditor's name and mailing address**

\$ 0.00

\$

Washington Department of Revenue - BK Notice  
2101 4th Avenue #1400  
Seattle, WA, 98121

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )**

- ☒ No  
☐ Yes

2. <sup>59</sup> **Priority creditor's name and mailing address**

\$ Unknown

\$

Wombacher, Patrick J  
536 Cinderella Loop

Eugene, OR, 97404

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number**Wages, Salaries, Commissions**Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)****Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.<sup>60</sup> Priority creditor's name and mailing address

\$ Unknown

\$ \_\_\_\_\_

Woodyard, Hal A  
1257 Edin Bridge Court  
  
Cumming, GA, 30041

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> 360 MERCHANDISING SOLUTIONS 300 DAVE COWENS DRIVE 8TH FLOOR NEWPORT, KY, 41071  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,727.34
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> ALICIA BOLLS 8473 FM 902  COLLINSVILLE, TX, 76233  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 3,611.82
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ALLANN BROTHERS 1852 FESCUE ST. NE  ALBANY, OR, 97322  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,780.00
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ALPINE PUMP 4040 BANNER STREET  EUGENE, OR, 97404  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 200.00
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> AMERICAN BANKERS INSURANCE COM PO BOX 731178  DALLAS, TX, 75373-1178  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,694.00
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> AMERICAN EXPRESS CORPORATE PO BOX 650448  DALLAS, TX, 75265-0448  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 46,526.39

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.<sup>7</sup> Nonpriority creditor's name and mailing address

AMERICAN POP CORN COMPANY  
ATTN : GARRY SMITH  
ONE FUN PLACE  
SIOUX CITY, IA, 51108

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 5,848.28

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>8</sup> Nonpriority creditor's name and mailing address

AMERICAN TASTE  
8055 W MANCHESTER AVENUE  
SUITE 310  
PLAYA DEL RAY, CA, 90293

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 200.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>9</sup> Nonpriority creditor's name and mailing address

AMERICAN VEGETARIAN  
ASSOCIATION  
PO BOX 259  
EAST HANOVER, NJ, 7936

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 250.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>10</sup> Nonpriority creditor's name and mailing address

ANDALUCIA NUTS  
3505 BERING DR  
  
HOUSTON, TX, 77057

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,613.45

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>11</sup> Nonpriority creditor's name and mailing address

APPLIED INDUSTRIAL TECHNOLOGIE  
3150 W 5TH AVE  
  
EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 882.54

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup> Nonpriority creditor's name and mailing address

ARAMARK  
PO BOX 101179  
  
PASADENA, CA, 91189

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4,828.63

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>13</sup> Nonpriority creditor's name and mailing address

ARMORY SECURITIES LLC  
1230 ROSECRANS AVE  
SUITE 660  
MANHATTAN BEACH, CA, 90266

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,312.49

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>14</sup> Nonpriority creditor's name and mailing address

ATLAS BRAND MANAGEMENT  
45 ASPEN HILLS DRIVE  
  
CALGARY, AB, T3H 0P8

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 239.25

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>15</sup> Nonpriority creditor's name and mailing address

B & I HARDWARE & RENTAL  
120 W. 6TH STREET  
  
JUNCTION CITY, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,152.68

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>16</sup> Nonpriority creditor's name and mailing address

BARKE GROUP INC.  
PO BOX 44203  
  
EDEN PRAIRIE, MN, 55344

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 150.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup> Nonpriority creditor's name and mailing address

BASCOM FAMILY FARMS  
56 SUGARHOUSE RD

Alstead, NH, 03602

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 31,441.61

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>18</sup> Nonpriority creditor's name and mailing address

BATORY FOODS  
1700 E HIGGINS RD  
SUITE 300  
DES PLAINES, IL, 60018

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 80,298.32

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>19</sup> Nonpriority creditor's name and mailing address

BEAVER SPORTS PROPERTIES  
C/O LEARFIELD COMMUNICATIONS  
PO BOX 843038  
KANSAS CITY, MO, 64184-3038

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 21,218.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>20</sup> Nonpriority creditor's name and mailing address

Betty Small  
1138 Breckenridge Drive  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 554,400.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>21</sup> Nonpriority creditor's name and mailing address

BIOLOGIC RESOURCES LLC  
10260 SW NIMBUS AVE  
SUITE M11  
PORTLAND, OR, 97223

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 617.49

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup> Nonpriority creditor's name and mailing address

BNSF LOGISTICS  
75 REMITTANCE DRIVE  
SUITE 1767  
CHICAGO, IL, 60675

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,857.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>23</sup> Nonpriority creditor's name and mailing address

BODTKER MACHINE  
94213 RIVER ROAD  
  
JUNCTION CITY, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 180.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>24</sup> Nonpriority creditor's name and mailing address

BUNGE NORTH AMERICA-MILLING  
PO BOX 842453  
  
Boston, MA, 02284

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 57,600.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>25</sup> Nonpriority creditor's name and mailing address

BUY-LOW LOOPS LP #902  
8188 RIVER WAY  
  
DELTA, BC, V4G 1K5

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 125.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>26</sup> Nonpriority creditor's name and mailing address

C H ROBINSON COMPANY  
PO BOX 9121  
  
MINNEAPOLIS, MN, 55480-9121

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 17,690.94

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>27</sup> Nonpriority creditor's name and mailing address

C. CRETORS AND COMPANY  
176 MITTEL DRIVE

WOOD DALE, IL, 60191

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 27,413.75

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>28</sup> Nonpriority creditor's name and mailing address

CARDMEMBER SERVICES  
CHASE CORP VISA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 20,202.32

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>29</sup> Nonpriority creditor's name and mailing address

CARQUEST  
323 HATTON LANE

JUNCTION CITY, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 279.11

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>30</sup> Nonpriority creditor's name and mailing address

CDB PACKAGING  
2058 N MILLS AVENUE #246

CLAREMONT, CA, 91711

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 575,763.59

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>31</sup> Nonpriority creditor's name and mailing address

CHALLENGE DAIRY PRODUCTS  
PO BOX 742266

LOS ANGELES, CA, 90074-2266

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 26,461.60

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup> Nonpriority creditor's name and mailing address

CHANDLER FOOD SALES  
601 NW 10TH STREET  
PO BOX 532607  
GRAND PRAIRIE, TX, 75053

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,435.39

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>33</sup> Nonpriority creditor's name and mailing address

CHEP USA  
15226 COLLECTIONS CENTER DRIVE  
  
CHICAGO, IL, 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 12,560.40

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>34</sup> Nonpriority creditor's name and mailing address

CHEX FINER FOODS  
71 HAMPDEN ROAD  
  
MANSFIELD, MA, 2048

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,310.44

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>35</sup> Nonpriority creditor's name and mailing address

Chrono Heath Care, Inc.  
395 E. 1st  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 869,567.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>36</sup> Nonpriority creditor's name and mailing address

City of Junction City  
PO Box 250  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ Unknown

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup> Nonpriority creditor's name and mailing address

COHEN & STONE  
124 Haverford Ct

Falling Waters, WV, 25419

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 24,935.24

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>38</sup> Nonpriority creditor's name and mailing address

COLUMBIA CORRUGATED BOX  
12777 SW TUALATIN-SHERWOOD RD

TUALATIN, OR, 97062

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 87,861.87

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>39</sup> Nonpriority creditor's name and mailing address

COLUMBIA STATE BANK  
PO BOX 1757

TACOMA, WA, 98401-1757

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 26,292.38

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>40</sup> Nonpriority creditor's name and mailing address

COMCAST 9679  
PO BOX 37601

PHILADELPHIA, PA, 19101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 363.91

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>41</sup> Nonpriority creditor's name and mailing address

COMCAST-4616  
PO BOX 34227

SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,987.06

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>42</sup> Nonpriority creditor's name and mailing address

COMCAST-7242  
PO BOX 34227  
  
SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 637.12

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>43</sup> Nonpriority creditor's name and mailing address

COMCAST-7798  
PO BOX 34227  
  
SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,022.75

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>44</sup> Nonpriority creditor's name and mailing address

CORPORATE PAYMENT SYSTEMS  
PO BOX 6335  
  
FARGO, ND, 58125-6335

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 8,017.80

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>45</sup> Nonpriority creditor's name and mailing address

COSMOS CREATIONS PAYROLL  
395 E 1ST AVE  
  
JUNCTION CITY, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,396.20

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>46</sup> Nonpriority creditor's name and mailing address

COYOTE LOGISTICS LLC  
PO BOX 742636  
  
ATLANTA, GA, 30374-2636

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 26,665.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3.<sup>47</sup> Nonpriority creditor's name and mailing address

D & B Grocers  
35400 Central City Parkway  
Westland, MI, 48185

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 12,700.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>48</sup> Nonpriority creditor's name and mailing address

DATA COUNCIL INC, THE  
PO Box 970066

Boston, MA, 02297

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 770.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>49</sup> Nonpriority creditor's name and mailing address

DAYMON WORLDWIDE INC  
PO BOX 744820

ATLANTA, GA, 30374

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,038.96

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>50</sup> Nonpriority creditor's name and mailing address

DE LAGE LANDEN FINANCIAL SERVICE  
PO BOX 41602

PHILADELPHIA, PA, 19101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,263.73

Basis for the claim: Leasor

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.<sup>51</sup> Nonpriority creditor's name and mailing address

DECOPAC INC  
SDS 12-0871  
PO BOX 86  
MINNEAPOLIS, MN, 55486-0871

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,003.20

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>52</sup> Nonpriority creditor's name and mailing address

DELTA IT SERVICES LLC  
PO BOX 1675

SANDY, OR, 97055

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 337.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>53</sup> Nonpriority creditor's name and mailing address

DEPARTMENT OF CONSUMER & BUSIN  
REVENUE SERVICES SECTION  
PO BOX 14610  
SALEM, OR, 97309-0445

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 224.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>54</sup> Nonpriority creditor's name and mailing address

Dewayne Tiller  
38879 Upper Camp Creek  
Springfield, OR, 97478

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 174,000.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>55</sup> Nonpriority creditor's name and mailing address

DIRECT TRANSPORT  
PO BOX 870

WILSONVILLE, OR, 97070

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,252.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>56</sup> Nonpriority creditor's name and mailing address

DOMINO FOODS INC  
PO BOX 79066

CITY OF INDUSTRY, CA, 91716

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>57</sup> Nonpriority creditor's name and mailing address

DR JOHNSON SALES & MARKETING  
3526 LAKEVIEW PARKWAY  
SUITE B 231  
ROWLETT, TX, 75088

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 834.41

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>58</sup> Nonpriority creditor's name and mailing address

DW SALES LLC  
938 NORTH 79TH STREET  
  
SEATTLE, WA, 98103

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,917.65

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>59</sup> Nonpriority creditor's name and mailing address

EARTH2O  
PO BOX 70  
  
CULVER, OR, 97734

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 609.30

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>60</sup> Nonpriority creditor's name and mailing address

ECRM  
27070 MILES ROAD SUITE A  
  
SOLON, OH, 44139

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 10,725.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>61</sup> Nonpriority creditor's name and mailing address

ELISA TECHNOLOGIES INC  
2501 NW 66TH CT  
  
GAINESVILLE, FL, 32653

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,076.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>62</sup> Nonpriority creditor's name and mailing addressEMPIRE RUBBER SUPPLY  
PO BOX 14950

PORTLAND, OR, 97293-0950

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 8,545.68

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>63</sup> Nonpriority creditor's name and mailing addressEOFF ELECTRICAL SUPPLY CO.  
PO BOX 748177

LOS ANGELES, CA, 90074-8177

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 893.01

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>64</sup> Nonpriority creditor's name and mailing addressESHA RESEARCH INC  
4747 SKYLINE RD S  
STE 100  
SALEM, OR, 97306

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,999.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>65</sup> Nonpriority creditor's name and mailing addressESHIPPING  
PO BOX 775332

Chicago, IL, 60677

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4,400.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>66</sup> Nonpriority creditor's name and mailing addressESHIPPING LLC  
PO BOX 775332

CHICAGO, IL, 60677

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 20,400.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>67</sup> Nonpriority creditor's name and mailing address

EUGENE FASTENER & SUPPLY COMPA  
PO BOX 2563

EUGENE, OR, 97402-0209

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6.21

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>68</sup> Nonpriority creditor's name and mailing address

EUGENE PALLET ENTERPRISES  
PO BOX 42052

EUGENE, OR, 97404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,615.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>69</sup> Nonpriority creditor's name and mailing address

EUGENE URGENT CARE  
1292 HIGH ST STE 224

EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 315.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>70</sup> Nonpriority creditor's name and mailing address

FEDEX CUSTOM CRITIAL  
PO Box 645123

Pittsburgh, PA, 15264

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 26,479.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>71</sup> Nonpriority creditor's name and mailing address

FEDEX FREIGHT  
DEPT LA  
PO BOX 21415  
PASADENA, CA, 91185-1415

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 24,380.85

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>72</sup> Nonpriority creditor's name and mailing address

FEDEX FREIGHT  
DEPT CH  
PO BOX 10306  
PALATINE, IL, 60055

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 951.23

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>73</sup> Nonpriority creditor's name and mailing address

FLAVORCHEM  
1525 BROOK DRIVE  
  
DOWNERS GROVE, IL, 60515

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 183.15

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>74</sup> Nonpriority creditor's name and mailing address

FONA INTERNATIONAL INC  
PO BOX 71333  
  
CHICAGO, IL, 60694

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,052.94

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>75</sup> Nonpriority creditor's name and mailing address

FOODAROM  
5525 WEST 1730 SOUTH  
SUITE 202  
SALT LAKE CITY, UT, 84104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 46,316.71

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>76</sup> Nonpriority creditor's name and mailing address

FORMER FAB, INC  
2101 Former Fab Dr  
  
Pearland, TX, 77581

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,552.11

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3.<sup>77</sup> Nonpriority creditor's name and mailing address

Frank and Linda Taylor  
95796 Howard Lane  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 412,000.00

Basis for the claim: Monies Loaned / Advanced

Date or dates debt was incurred

6/19/17

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.<sup>78</sup> Nonpriority creditor's name and mailing address

FREIGHTQUOTE  
PO BOX 9121  
  
MINNEAPOLIS, MN, 55480

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,685.83

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.<sup>79</sup> Nonpriority creditor's name and mailing address

GENWORTH LIFE AND ANNUITY  
PO BOX 740118  
  
CINCINNATI, OH, 45274

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,408.50

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.<sup>80</sup> Nonpriority creditor's name and mailing address

GLEAVES SWEARINGEN LLP  
PO BOX 1147  
  
EUGENE, OR, 97440-1147

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 710.00

Basis for the claim: Legal Services

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.<sup>81</sup> Nonpriority creditor's name and mailing address

GLORY BEE FOODS  
PO BOX 35142 #105  
  
SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 44,604.48

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>82</sup>	<b>Nonpriority creditor's name and mailing address</b> GRAIN MILLERS 1626 S JOAQUIN DR.  Marion, IN, 46953	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 38,637.50
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>83</sup>	<b>Nonpriority creditor's name and mailing address</b> GRAIN MILLERS, INC. 1626 S JOAQUIN DR.  MARION, IN, 46953	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,011.50
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>84</sup>	<b>Nonpriority creditor's name and mailing address</b> GRASS ROOTS MARKETING 1514 CANAL STREET  SPRINGFIELD, OR, 97477	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 822.76
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>85</sup>	<b>Nonpriority creditor's name and mailing address</b> Graystone Legacy Investments, Inc. 12822 NE 43rd Circle Vancouver, WA, 98682	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Monies Loaned / Advanced  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,660,500.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>86</sup>	<b>Nonpriority creditor's name and mailing address</b> GREENWOOD ASSOCIATES 6280 W HOWARD STREET  NILES, IL, 60714	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Suppliers or Vendors  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,084.82
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		

**Part 2: Additional Page**

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Amount of claim

3. <sup>87</sup> Nonpriority creditor's name and mailing address

GS1 CANADA  
C/O TH1029  
PO BOX 4283  
TORONTO, ON, M5W 5W6

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 700.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>88</sup> Nonpriority creditor's name and mailing address

HOMETREE CONSULTING  
27390 BARKER RD

EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 225.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>89</sup> Nonpriority creditor's name and mailing address

HYGIENA  
ATTN: ACCOUNTS RECEIVABLE  
FILE 2007  
PASADENA, CA, 91199

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 27,104.80

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>90</sup> Nonpriority creditor's name and mailing address

IDEAL SALES & SERVICE  
PO BOX 1173

MOLALLA, OR, 97038

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 797.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>91</sup> Nonpriority creditor's name and mailing address

IMEX MANAGEMENT  
4525 PARK ROAD  
SUITE B-103  
CHARLOTTE, NC, 28209

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 8,645.16

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>92</sup> Nonpriority creditor's name and mailing address

IMPACT GROUP  
ATTN: ACCOUNTS RECEIVABLE  
PO BOX 24131  
SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,042.51

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>93</sup> Nonpriority creditor's name and mailing address

INDUSTRIAL SOURCE  
NATIONAL FIRE FIGHTER/WILDLAND  
PO BOX 2330  
EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 18,056.39

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>94</sup> Nonpriority creditor's name and mailing address

INFORMA/EXPO WEST  
NATURAL PRODUCTS EXPO WEST  
24654 NETWORK PLACE  
CHICAGO, IL, 60673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 7,450.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>95</sup> Nonpriority creditor's name and mailing address

ISLER CPA  
1976 GARDEN AVE  
  
EUGENE, OR, 97403

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,875.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>96</sup> Nonpriority creditor's name and mailing address

J B HUNT TRANSPORT INC  
PO BOX 98545  
  
CHICAGO, IL, 60693-8545

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 58,827.71

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>97</sup> Nonpriority creditor's name and mailing address

JACOBSEN SALT CO  
602 SE SALMON ST  
PORTLAND, OR, 97214

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 249.05

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>98</sup> Nonpriority creditor's name and mailing address

Jerry Strasheim  
13379 E. 49th St.  
Yuma, AZ, 85367

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 279,833.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>99</sup> Nonpriority creditor's name and mailing address

John Strasheim  
1138 Breckenridge Dr.  
Junction City, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,286,757.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>100</sup> Nonpriority creditor's name and mailing address

JONES & ROTH  
P.O. BOX 10086  
EUGENE, OR, 97440

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,000.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>101</sup> Nonpriority creditor's name and mailing address

KEN SWAIN  
26221 GOLADA  
MISSION VIEJO, CA, 92692

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 238.67

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

**Part 2: Additional Page**

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Amount of claim

3. <sup>102</sup> Nonpriority creditor's name and mailing address

KOF-K  
201 THE PLAZA  
  
TEANECK, NJ, 7666

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,700.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>103</sup> Nonpriority creditor's name and mailing address

KS CHEMS  
1360 W. CROWELL LANE  
  
HALSEY, OR, 97348

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 393.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>104</sup> Nonpriority creditor's name and mailing address

LAND O'LAKES  
PO BOX 840897  
  
DALLAS, TX, 75284-0897

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 19,185.10

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>105</sup> Nonpriority creditor's name and mailing address

LUCKY VITAMIN  
555 E NORTH LANE  
SUITE 6050  
CONSHOHOCKEN, PA, 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 38.38

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>106</sup> Nonpriority creditor's name and mailing address

MADDOX METAL WORKS  
4116 BRONZE WAY  
  
DALLAS, TX, 75273-1092

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,525.71

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_



**Part 2: Additional Page**

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Amount of claim

3. <sup>107</sup> Nonpriority creditor's name and mailing address

MARY BEDOLLA  
1304 Champs Ave. Apt. #3  
Eugene, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 456.79

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>108</sup> Nonpriority creditor's name and mailing address

MATRIX PACKAGING MACHINERY LLC  
PO BOX 932182  
CLEVELAND, OH, 44193

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 784.38

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>109</sup> Nonpriority creditor's name and mailing address

MBD  
MARKETING BY DESIGN  
PO BOX 3231  
BEVERLY, MA, 1915

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,720.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>110</sup> Nonpriority creditor's name and mailing address

MCGUIRE BEARING CO.  
947 SE MARKET ST.  
PORTLAND, OR, 97214-3574

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 46.94

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>111</sup> Nonpriority creditor's name and mailing address

MITZEL & ASSOCIATES INC  
PO BOX 5759  
VALLEJO, CA, 94591

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,149.18

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>112</sup> Nonpriority creditor's name and mailing address

MMI PROFESSIONAL SERVICE  
CONSUMER SCIENCE  
4717 FLETCHER AVENUE  
FORT WORTH, TX, 76107

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 975.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>113</sup> Nonpriority creditor's name and mailing address

MOTION INDUSTRIES  
PO BOX 98412

CHICAGO, IL, 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 586.63

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>114</sup> Nonpriority creditor's name and mailing address

MOUNTAIN CREEK MARKETING  
ATTN SHERWIN BECK  
6565 S DAYTON ST  
GREENWOOD VILLAGE, CO, 80111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,292.22

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>115</sup> Nonpriority creditor's name and mailing address

MUELLER YURGAE ASSOCIATES INC  
1055 SE 28TH STREET

GRIMES, IA, 50111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. <sup>116</sup> Nonpriority creditor's name and mailing address

NATURES HEALTH CARE LLC  
395 E 1ST AVE

JUNCTION CITY, OR, 97448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 850.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

**Part 2: Additional Page**

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Amount of claim

3. <sup>117</sup> Nonpriority creditor's name and mailing address

NEOGEN CORPORATION  
620 LESHER PLACE  
LANSING, MI, 48912

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,161.16

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>118</sup> Nonpriority creditor's name and mailing address

NEW SEASONS MARKET - PORT  
1300 SE STARK STREET  
SUITE 401  
PORTLAND, OR, 97214

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 38.02

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>119</sup> Nonpriority creditor's name and mailing address

NOLAN TRANSPORTATION GROUP  
PO BOX 931184  
ATLANTA, GA, 31193

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 72,018.98

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>120</sup> Nonpriority creditor's name and mailing address

NORTH COAST ELECTRIC COMPANY  
PO BOX 34399  
SEATTLE, WA, 98124-1399

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 302.25

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>121</sup> Nonpriority creditor's name and mailing address

NORTHWEST INDUSTRIAL STAFFING  
PO BOX 41995  
EUGENE, OR, 97404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,653.63

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>122</sup> Nonpriority creditor's name and mailing address

NSF INTERNATIONAL  
DEPT. LOCKBOX #771380  
PO BOX 77000  
DETROIT, MI, 48277

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 7,133.57

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>123</sup> Nonpriority creditor's name and mailing address

NW NATURAL GAS  
PO BOX 6017  
  
PORTLAND, OR, 97228

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 820.80

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>124</sup> Nonpriority creditor's name and mailing address

OAK OVERSEAS LTD  
112 CARBARRUS AVENUE E  
  
CONCORD, NC, 28025

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,628.13

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>125</sup> Nonpriority creditor's name and mailing address

OMLID & SWINNEY  
FIRE PROTECTION & SECURITY  
157 S. 47TH ST.  
SPRINGFIELD, OR, 97478

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,445.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>126</sup> Nonpriority creditor's name and mailing address

OREGON PEST CONTROL  
2852 WILLAMETTE STREET PMB152  
  
EUGENE, OR, 97405

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 340.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>127</sup> Nonpriority creditor's name and mailing address

OREGON TILTH  
2525 SE 3RD STREET  
  
CORVALLIS, OR, 97333

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,390.30

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>128</sup> Nonpriority creditor's name and mailing address

PACIFIC OFFICE AUTOMATION  
14747 NW GREENBRIER PKWY  
  
BEAVERTON, OR, 97006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,267.02

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>129</sup> Nonpriority creditor's name and mailing address

PACIFIC PALLET INC.  
PO BOX 50909  
  
EUGENE, OR, 97405

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,924.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>130</sup> Nonpriority creditor's name and mailing address

PACIFIC POWER  
P.O. BOX 26000  
  
PORTLAND, OR, 97256-0001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,259.53

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>131</sup> Nonpriority creditor's name and mailing address

PACIFIC SOURCE HEALTH PLAN  
ATTN: ASHLEY WEBER  
PO BOX 4210  
PORTLAND, OR, 97208

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>132</sup> Nonpriority creditor's name and mailing address

PART SOLUTIONS LLC  
PO BOX 1545  
  
VALPARAISO, IN, 46384

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 372.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>133</sup> Nonpriority creditor's name and mailing address

PENINSULA TRUCK LINES  
PO BOX 748895  
  
LOS ANGELES, CA, 90074

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4,245.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>134</sup> Nonpriority creditor's name and mailing address

PENINSULA TRUCK LINES INC  
PO Box 748895  
  
Los Angeles, CA, 90074

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 27,548.80

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>135</sup> Nonpriority creditor's name and mailing address

PERSONNEL SOURCE  
555 LINCOLN STREET  
  
EUGENE, OR, 97401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 35,746.04

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>136</sup> Nonpriority creditor's name and mailing address

POWDERPURE  
250 STEELHEAD WAY  
  
THE DALLES, OR, 97058

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 10,076.23

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>137</sup> Nonpriority creditor's name and mailing address

QUANTEK INSTRUMENTS INC  
183 MAGILL DRIVE  
  
GRAFTON, MA, 1519

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 425.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>138</sup> Nonpriority creditor's name and mailing address

REDWOOD MULTIMODAL  
32433 COLLECTION CENTER DRIVE  
  
CHICAGO, IL, 60693-0324

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 15,559.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>139</sup> Nonpriority creditor's name and mailing address

REIST POPCORN CO.  
PO BOX 155  
  
MOUNT JOY, PA, 17552-0155

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,525.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>140</sup> Nonpriority creditor's name and mailing address

ROADRUNNER TRANSPORTATION  
PO BOX 74857  
  
CHICAGO, IL, 60694

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 9,873.31

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>141</sup> Nonpriority creditor's name and mailing address

RPG CONSULTANTS  
181 SOUTH FRANKLIN AVENUE  
SUITE 202  
VALLEY STREAM, NY, 11581

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 697.59

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>142</sup> Nonpriority creditor's name and mailing address

SAIF CORPORATION  
400 HIGH STREET SE  
  
SALEM, OR, 97312

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,402.96

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>143</sup> Nonpriority creditor's name and mailing address

SANTUCCI ASSOCIATES INC  
1010 MILL CREEK DR  
  
FEASTERVILLE, PA, 19053

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 5,819.71

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>144</sup> Nonpriority creditor's name and mailing address

SCHNEIDER NATIONAL INC  
2567 PAYSPHERE CIRCLE  
  
CHICAGO, IL, 60674

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 943.79

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>145</sup> Nonpriority creditor's name and mailing address

SEIDMAN FOOD BROKERAGE  
7684 WILES RD  
  
CORAL SPRINGS, FL, 33067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>146</sup> Nonpriority creditor's name and mailing address

SHOES FOR CREWS LLC  
FILE LOCKBOX 51151  
  
LOS ANGELES, CA, 90074-1151

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 14.93

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>147</sup> Nonpriority creditor's name and mailing address

SJ COLLECTIVE  
3631 COUNTRYSIDE LN  
  
EUGENE, OR, 97404

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,800.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>148</sup> Nonpriority creditor's name and mailing address

SNOTEMP COLD STORAGE  
P.O. BOX 2066  
  
EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 400.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>149</sup> Nonpriority creditor's name and mailing address

SOUTHSTAR FINANCIAL LLC  
PO Box 2323  
  
Mount Pleasant, SC, 29465

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 13,386.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>150</sup> Nonpriority creditor's name and mailing address

SPECIALTY FOOD ASSOCIATION  
FINANCE DEPT  
136 MADISON AVE 12 FLOOR  
NEW YORK, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 4,380.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>151</sup> Nonpriority creditor's name and mailing address

SPRING VALLEY DAIRY  
PO BOX 20970  
  
KEIZER, OR, 97307

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 350.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>152</sup> Nonpriority creditor's name and mailing address

SPS COMMERCE INC.  
VB BOX 3  
PO BOX 9202  
MINNEAPOLIS, MN, 55480-9202

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,882.33

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>153</sup> Nonpriority creditor's name and mailing address

STANDARD INSURANCE COMPANY  
LIFE AND DISABILITY  
PO BOX 645311  
CINCINNATI, OH, 45264

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,017.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>154</sup> Nonpriority creditor's name and mailing address

THE AUTOMATION GROUP  
4678 ISABELLE STREET  
  
EUGENE, OR, 97402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,665.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>155</sup> Nonpriority creditor's name and mailing address

THE MILL AT KINGS RIVER  
15111 E GOODFELLOW AVE  
  
SANGER, CA, 93657

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,840.24

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>156</sup> Nonpriority creditor's name and mailing address

TIAA BANK  
PO BOX 911608  
  
DENVER, CO, 80291-1608

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,059.66

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>157</sup> Nonpriority creditor's name and mailing address

TOTAL QUALITY LOGISTICS  
PO BOX 634558  
  
CINCINNATI, OH, 45263-4558

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>158</sup> Nonpriority creditor's name and mailing address

TOTEM PALLET & CRATE  
87315 CEDAR FLAT RD  
  
SPRINGFIELD, OR, 97478

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 10,006.25

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>159</sup> Nonpriority creditor's name and mailing address

TRANSWORLD SHIPPING(USA)  
3748 BAYER AVE  
UNIT 201  
LONG BEACH, CA, 90808

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 6,985.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>160</sup> Nonpriority creditor's name and mailing address

TRINITY SALES INC  
124 SWAN RD  
  
SMITHFIELD, RI, 2917

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 5,318.44

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>161</sup> Nonpriority creditor's name and mailing address

UNITEDHEALTHCARE  
5 CENTERPOINTE DR STE 600  
  
LAKE OSWEGO, OR, 97035

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 30,688.80

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>162</sup> Nonpriority creditor's name and mailing address

UNIVERSAL STUDIOS LICENSING  
10 UNIVERSAL CITY PLAZA

UNIVERSAL CITY, CA, 91608

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 31,819.16

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>163</sup> Nonpriority creditor's name and mailing address

UPS  
PO BOX 894820

LOS ANGELES, CA, 90189-4820

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,058.17

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>164</sup> Nonpriority creditor's name and mailing address

UPS FREIGHT  
28013 NETWORK PLACE

CHICAGO, IL, 60673-1280

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 31,705.61

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>165</sup> Nonpriority creditor's name and mailing address

US BANK EQUIPMENT FINANCE  
PO BOX 790448

ST. LOUIS, MO, 63179-0448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 65.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>166</sup> Nonpriority creditor's name and mailing address

VERIZON  
PO BOX 660108

DALLAS, TX, 75266-0208

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 3,205.46

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>167</sup> Nonpriority creditor's name and mailing address

WCP SOLUTIONS  
PO BOX 84145  
  
SEATTLE, WA, 98124

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 7,736.25

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>168</sup> Nonpriority creditor's name and mailing address

WELCHS FOODS INC  
300 BAKER AVE  
SUITE 101  
Concord, MA, 01742

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 50,000.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>169</sup> Nonpriority creditor's name and mailing address

WESTERN PACKAGING INC  
PO BOX 297  
  
ALBANY, OR, 97321

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 2,656.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>170</sup> Nonpriority creditor's name and mailing address

WIRELESS SOURCE  
1711 WILLAMETTE ST. SUITE 301  
  
EUGENE, OR, 97401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 935.95

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>171</sup> Nonpriority creditor's name and mailing address

XPO LOGISTICS FREIGHT INC  
29559 NETWORK PLACE  
  
CHICAGO, IL, 60673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 311.59

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Foodarom, c/o Euler Hermes Canada Euler Hermes Canada Claims/Collections attn: Sam Gullotti 1155, boul. René-Lévesque Ouest, bureau 2810 Montréal (Québec) H3B 2L2	Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Freightquote Timothy W. Fafinski, c/o The Greenleaf Group 3411 Brei Kessel Road Independence, MN, 55359	Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Hop Capital 323 Sunny Isles Blvd., Suite 501 North Miami Beach, FL, 33160	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Paid in full; notice purposes only	_____
4.4.	Land O' Lakes, c/o D&S Global Solutions Ref #2642314, Attn: Travis 13809 Research Blvd. #800 Austin, TX, 78750	Line <u>3.104</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	Total Sweeteners dba Batory Foods c/o Louis Weinstock, Esq. 223 W. Jackson Blvd., #512 Chicago, IL, 60606	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Union Insurance Co. 660 E Watertower Street Meridian, ID, 83642	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Paid in full; notice only	_____
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 7,329,335.87
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 7,329,335.87

**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of OregonCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	Financial advisory and placement agency agreement Purchaser	Armory Securities, LLC 1230 Rosecrans Avenue, Suite 660 Manhattan Beach, CA, 90266
	State the term remaining List the contract number of any government contract		

2.2	State what the contract or lease is for and the nature of the debtor's interest	Copier - Konika Bizhub 363 Lessee	US BANK EQUIPMENT FINANCE PO BOX 790448 St. Louis, MO, 63179-0448
	State the term remaining List the contract number of any government contract	1/31/20	

2.3	State what the contract or lease is for and the nature of the debtor's interest	Copier - Konika Minolta Bizhub C654 Lessee	TIAA Bank PO BOX 911608 Denver, CO, 80291-1608
	State the term remaining List the contract number of any government contract	8/31/21	

2.4	State what the contract or lease is for and the nature of the debtor's interest	Copier - Konika Bizhub C454 Lessee	Pacific Office Automation PO Box 41602 Philadelphia, PA, 19101
	State the term remaining List the contract number of any government contract	1/22/21	

2.5	State what the contract or lease is for and the nature of the debtor's interest	Forklift - Jungheinrich Lessee	De Lage Landen Financial Services PO Box 41602 Philadelphia, PA, 19101
	State the term remaining List the contract number of any government contract	3/8/2021	



**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of Oregon

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>John Strasheim</u>	John Strasheim 1138 Breckenridge Drive Junction City, OR, 97448	<u>OnDeck Capital</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Dewayne Tiller</u>	Dewayne Tiller 38879 Upper Camp Creek Springfield, OR, 97478	<u>OnDeck Capital</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Dewayne Tiller</u>	Dewayne Tiller 38879 Upper Camp Creek Springfield, OR, 97478	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>Dewayne Tiller</u>	Dewayne Tiller 38879 Upper Camp Creek Springfield, OR, 97478	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Dewayne Tiller</u>	Dewayne Tiller 38879 Upper Camp Creek Springfield, OR, 97478	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 <u>John Strasheim</u>	John Strasheim 1138 Breckenridge Drive Junction City, OR, 97448	<u>Dominguez Family Enterp</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

4 Him Food Group, LLC  
Name

Case number (if known)

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 <u>John Strasheim</u>	John Strasheim 1138 Breckenridge Drive Junction City, OR, 97448	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 <u>John Strasheim</u>	John Strasheim 1138 Breckenridge Drive Junction City, OR, 97448	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 <u>John Strasheim</u>	John Strasheim 1138 Breckenridge Drive Junction City, OR, 97448	<u>Columbia State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case and this filing:**

Debtor Name 4 Him Food Group, LLC

United States Bankruptcy Court for the: District of Oregon

Case number (If known): \_\_\_\_\_

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/02/2019  
MM / DD / YYYY

X /s/ John Strasheim  
Signature of individual signing on behalf of debtor

John Strasheim  
Printed name

President  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of Oregon

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply**Gross revenue**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 01/01/2019 to Filing date  
MM / DD / YYYY☒ Operating a business  
☐ Other\$ 3,300,000.00**For prior year:**From 01/01/2018 to 12/31/2018  
MM / DD / YYYY☒ Operating a business  
☐ Other\$ 7,915,665.64**For the year before that:**From 01/01/2017 to 01/01/2018  
MM / DD / YYYY☒ Operating a business  
☐ Other\$ 10,005,776.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.	See Attached SOFA Part 2, Question 3 Creditor's name	_____	\$ 1,906,732.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2.	_____ Creditor's name	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	Jerid Strasheim Insider's name	_____	\$ 95,646.54	Wages 7/1/18-6/30/19
	Relationship to debtor VP Sales, son of CEO	_____		
4.2.	Mary Strasheim Insider's name	_____	\$ 33,866.62	Wages 7/1/18-6/30/19
	Relationship to debtor Wife of CEO	_____		

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Worldwide Capital Management, Inc. Creditor's name 30 Wall Street 8th Floor New York, NY 10005	Creditor Garnished approximately \$111,000 in late March 2019 to satisfy claim in full	03/2019	\$ 111,000.00
5.2.	Creditor's name			\$

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Challenge Dairy Products, Inc. v. 4 Him Food Group, LLC	Contract	California Superior Court for Alameda County, Hayward Hall of Justice  1221 Oak Street Oakland, CA 94612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number RG19006999			
7.2.	Total Sweetners, Inc. dba Batory Foods v. 4 Him Food Group, LLC dba Cosmos Creations	Contract	Circuit Court of Cook County, Illinois  50 W Washington Chicago, IL 60602	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number 2019L003182			

### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Local aid/mission Recipient's name _____	No significant financial contributions over the past two years; some small amounts of food donated to local organizations when expiration date was approaching	_____	\$0.00
Recipient's relationship to debtor none			
9.2. Recipient's name _____		_____	\$ _____
Recipient's relationship to debtor _____			

### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
Product became contaminated and had to be destroyed; no insurance claim was made or will be	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). 0.00	01/2019	\$70,000.00

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address		_____	\$ _____

Email or website address

\_\_\_\_\_

Who made the payment, if not debtor?

\_\_\_\_\_

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address		_____	\$ _____

Email or website address

\_\_\_\_\_

Who made the payment, if not debtor?

\_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee			
_____			



### 13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

### Part 7: Previous Locations

#### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

- ☐ No  
☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.  
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.  
☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN:

Has the plan been terminated?

- ☐ No  
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Summit Bank - Business Checking (closed) Name	XXXX-3303	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	7/1/2019	\$ 0.00
18.2.	Columbia Bank - Wire Account (closed) Name 111 West 7th Ave. Eugene, OR 97401	XXXX-1077	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	05/01/2019	\$ 0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
<div> <div></div> <div>Name</div> </div>			\$

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No
 ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<div> <div></div> <div>Case number</div> </div>	<div> <div></div> <div>Name</div> </div>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No
 ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<div> <div></div> <div>Name</div> </div>	<div> <div></div> <div>Name</div> </div>		<div> <div></div> </div>

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<div>Name</div>	<div>Name</div>		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26a.1.	Sean Bunton Name 4866 Camelia Street, Springfield OR 97402	From _____ To _____

	Name and address	Dates of service
26a.2.	Kyle Dixon, CPA Name 28093 Crossley Lane, Eugene, OR 97478	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26b.1.	Jones & Roth, PC Name PO Box 10086, Eugene OR 97440	From _____ To _____

	Name and address	Dates of service
26b.2.	 Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	Isler CPA Name 1976 Garden Avenue, Eugene OR 97403	

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Jones & Roth, PC  
Name  
PO Box 10086, Eugene OR 97440

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Columbia Bank  
Name

Name and address

26d.2.

Celtic Capital  
Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.1.

Name

Name of the person who supervised the taking of the inventory		Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
			\$
Name and address of the person who has possession of inventory records			

27.2. Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Hal Woodyard	1257 Edin Bridge Court, Cumming, GA 30041		1.33%
Betty Small Trust	1138 Breckenridge Drive, Junction City, OR 97448		4.64%
Ron Evans	2015 NE 56th Avenue, Portland, OR 97213		3.34%
Debra and Norman Magnuson	31871 Herman Road, Eugene, OR 97408		1.33%
Kyle Dixon	28093 Crossley Lane, Eugene, OR 97402		6.29%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name			
Relationship to debtor			



**Name and address of recipient**

30.2

Name

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/02/2019  
MM / DD / YYYY

**X**

/s/ John Strasheim

Printed name John Strasheim

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

**Continuation Sheet for Official Form 207**

4) Payments or other transfers of property made within 1 year before filing this case that benefited any insider

John Strasheim \$104,676.23

Jerry Strasheim 13379 E 49th St., Yuma, AZ 85367 \$40,000.00

7) Legal Actions

Freightquote.com v. 4 Him Food Group, LLC/Cosmos Creations

Alleged Breach of Contract

District Court, Fourth Judicial District, State of Minnesota, County of Hennepin

300 South 6th Street, Minneapolis, MN 55487

Pending

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American Express Travel Related Services Company, Inc. v. 4 Him Food Group, LLC

652753 2019

Alleged Nonpayment for Services

Supreme Court of the State of New York County of New York

60 Centre St., New York, NY 10007

Pending

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BNSF Logistics, LLC v. 4 Him Food Group, LLC dba Cosmos Creations

Suit for Alleged Nonpayment

Circuit Court for Cook County, Illinois

Pending

-----

26c) Records keepers

Sean Bunton 4866 Camelia Street,  
Springfield OR 97402

26d) Creditors

D.A. Davidson 8 Third St. North, Davidson Bldg.  
Great Falls, MT 59401

Debtor Name 4 Him Food Group, LLC

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 207**

Wyandot, Inc.	135 Wyandot Ave. Marion, OH 43302
Exvere Inc.	
American Pop Corn Co.	One Fun Place, PO Box 178, Sioux City, IA 51102
Ouabache Investments	
Consultants Group Commercial Funding Group	2211 Michelson Dr. Suite 1110 Irvine, Ca. 92612
Veber Partners, LLC	
MB Financial Bank	800 W. Madison St. Chicago, Illinois 60607
Miniat Holdings LLC, South Chicago Packing LLC and Ed Miniat LLC	
Retail Business Services LLC	2110 Executive Dr. Salisbury, NC 28147
Steve Lee and Ryan Lee	
Share Capital Partners, LLC	
Austin Financial Services, Inc.	
Utz Quality Foods, LLC	
Idahoan foods, LLC	
Snack It Forward	6080 Center Dr. 6th Floor, Las Angeles, Ca. 90045
Liberty Bay Capital	
Old Town Equity, LLC	
Lesser Evil, LLC	
Lewis and Clark Capital	
Capital Canada Limited	
Keystone Capital, Inc.	
Traverse, LLC	
Ramex, Inc.	
Mosaic Consumer Partners, LLC	
Hammond, Kennedy, Whitney and Company, Inc.	
Valhalla Financial, Inc.	
Endeavour Capital VII, LLC	760 SW 9th Ave #2300, Portland, OR 97205

Debtor Name 4 Him Food Group, LLC

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 207**

Snak King and Corp.

Fundos Group, LLC

Investment Exchange Corp.

Capitala Group, LLC

Holliday Fenoglio Fowler, L.P.

Gordon Brothers Asset Advisors, LLC

K. R. Abraham & Co.

Inxcorp Business Advisors

Scanlan KemperBard Companies

Mission Consumer Capital, L.P.

The Anderson Group, LLC

Summit Investment Management LLC

Great Rock Capital Partners Management,  
LLC

TerraMar Capital LLC

Porchlight Equity Management LLC

Firelight Capital Partners, LLC

San Francisco Equity Partners

Western Milling, LLC

AGR Partners, LLC

VMG Partners II, LLC

Canum Capital Management, L.P.

STORE Capital Corporation

GEMCAP Lending I, LLC

24955 Pacific Coast Hwy, #A202, Malibu,  
CA 90265

Alliance Consumer Growth, LLC

Advantage Capital Agribusiness  
Partners, L.P.

Arable Capital Partners, LLC

Super G Capital, LLC

ExWorks Capital

**Continuation Sheet for Official Form 207****Corbel Capital Partners****Alliance Consumer Growth, LLC****Tregaron Capital****Encore Consumer Capital, L.P.****Lateral Investment Management, LLC****EMM Investments, LLC****Monogram Capital Partners I, L.P.****West-wood Benson** 4800 SW Meadows Rd, #300, Lake Oswego,  
OR 97035**28) Additional people in control of the debtor at the time of the filing of this case**

<b>Dianne Fay Leavitt</b>	<b>5250 Senger Lane, Eugene, OR 97405</b>	<b>3.31%</b>
<b>R. Derek Jaros</b>	<b>PO Box 1957, Sisters, OR 97559</b>	<b>3.81%</b>
<b>The Knapp Family Trust</b>	<b>411 Whiskey Hill Road, Woodside, CA 94062</b>	<b>4.82%</b>
<b>Steve Hayes</b>	<b>2877 Martinique Ave., Eugene, OR 97408</b>	<b>2.22%</b>
<b>Jerid Strasheim</b>	<b>852 Unity Drive, Eugene, OR 97408</b>	<b>12.16%</b>
<b>Jason Goss</b>	<b>39040 Upper Camp Creek, Springfield, OR 97478</b>	<b>9.32%</b>
<b>Matt Tiller</b>	<b>39559 Upper Camp Creek, Springfield, OR 97478</b>	<b>9.32%</b>
<b>Dewayne Tiller</b>	<b>38879 Upper Camp Creek, Springfield, OR 97478</b>	<b>11.27%</b>
<b>John Strasheim</b>	<b>1138 Breckenridge Drive, Junction City, OR 97448</b>	<b>27.34%</b>

# SOFA Question 3 Attachment - Transfers within 90 Days

Sort Order	Date	chk#	Description	Amount	rec	Deposit	Type
126	4/1/19	WT	Larsen's Creamery	\$ 24,724.15	x		Raw Materials
128	4/1/19	WT	CH ROBINSON	\$ 11,732.00	x		Freight Expense
132	4/1/19	250	Mark Thornton	\$ 10,000.00	x		Sales & Marketing
135	4/2/19	WT	Glory Bee	\$ 7,279.56	x		Raw Materials
143	4/3/19	WT	Larsen's Creamery	\$ 28,644.00	x		Raw Materials
144	4/3/19	WT	Infinisource (Amcheck)	\$ 23,962.20	x		Payroll
162	4/5/19		Payroll Checks	\$ 58,274.84	p		Payroll
169	4/9/19	WT	C&H Sugar (Domino Foods)	\$ 18,600.00	x		Raw Materials
170	4/9/19	WT	PCA	\$ 20,620.25	x		Packaging Purchase
171	4/9/19	WT	CH ROBINSON	\$ 13,144.00	x		Freight Expense
172	4/9/19	WT	Agricor (Grain Miller)	\$ 21,600.00	x		Raw Materials
176	4/9/19	265	2 Lori's	\$ 50,000.00	x		Loan
182	4/11/19	268	John Strasheim	\$ 8,489.37	x		Raw Materials
194	4/12/19	280	Columbia Corrugated	\$ 12,265.00	x		Packaging Purchase
208	4/17/19	WT	CDB Packaging Purchase	\$ 20,000.00	x		Packaging Purchase
209	4/17/19	WT	Elite Spice	\$ 11,205.00	x		Raw Materials
210	4/17/19	WT	Columbus Vegetable Oils	\$ 20,372.00	x		Raw Materials
211	4/17/19	WT	Infinisource (Amcheck)	\$ 25,007.80	x		Payroll
216	4/19/19		Paychecks	\$ 59,679.36	p		Payroll
228	4/22/19	WT	Food Source	\$ 13,125.00	x		Raw Materials
230	4/22/19	EFT	Chase Credit Card	\$ 7,500.00	x		Other
233	4/22/19	296	Fedex Freight	\$ 7,890.79	x		Freight Expense
236	4/23/19	WT	Leonard Law Group	\$ 10,000.00	x		Professional Services
237	4/23/19	WT	CDB Packaging Purchase	\$ 35,000.00	x		Packaging Purchase
251	4/23/19	304	Pacific Source Health Plan	\$ 16,834.74	x		Health Insurance
275	4/30/19	WT	CDB Packaging Purchase	\$ 35,000.00	x		Packaging Purchase
281	5/1/19	WT	Infinisource (Amcheck)	\$ 25,131.99	x		Payroll
283	5/1/19	WT	CH ROBINSON	\$ 7,100.00	x		Freight Expense
285	5/1/19	WT	Glory Bee	\$ 8,820.00	x		Raw Materials
295	5/3/19	WT	South Start Financial (Tides)	\$ 8,823.64	x		Raw Materials
297	5/3/19	WT	CDB Packaging Purchase	\$ 15,007.99	x		Packaging Purchase
299	5/3/19	WT	Leonard Law Group	\$ 45,000.00	x		Professional Services
301	5/3/19	WT	Domino Foods (C&H Sugar)	\$ 18,528.00	x		Raw Materials
303	5/3/19	WT	Agricor (Grain Miller)	\$ 18,562.50	x		Raw Materials
306	5/3/19		Payroll Checks	\$ 64,093.51	p		Payroll
308	5/6/19	WT	CH Robinson	\$ 11,130.00	x		Freight Expense
311	5/6/19	WT	Larsen's Creamery	\$ 18,533.85	x		Raw Materials
313	5/6/19	WT	Glory Bee	\$ 10,816.40	x		Raw Materials
317	5/7/19	WT	PCA	\$ 15,474.41	x		Packaging Purchase
334	5/8/19	WT	CH ROBINSON	\$ 10,502.00	x		Freight Expense
341	5/10/19	WT	TIDES (SW Financial)	\$ 18,873.60	x		Raw Materials
347	5/13/19	WT	CH ROBINSON	\$ 7,592.00	x		Freight Expense
348	5/13/19	WT	Packaging Purchase	\$ 15,747.41	x		Packaging Purchase
351	5/13/19	EFT	Bank of America	\$ 8,318.00	x		Raw Materials
360	5/15/19	WT	Inforsource (Amcheck)	\$ 27,002.71	x		Payroll
367	5/20/19	WT	Grain Millers	\$ 15,335.00	x		Raw Materials
373	5/20/19	WT	CH Robinson	\$ 13,475.00	x		Freight Expense
376	5/20/19		Payroll Checks	\$ 66,624.18	p		Payroll
388	5/22/19	WT	Larsen's Creamery	\$ 21,033.66	x		Raw Materials
390	5/22/19	WT	CDB Packaging Purchase	\$ 57,106.56	x		Packaging Purchase
393	5/22/19	EFT	Cosmos Chase CC 0050	\$ 12,000.00	x		Other
400	5/24/19	WT	Columbia Corrugated	\$ 16,222.66	x		Packaging Purchase
402	5/24/19	WT	Glory Bee	\$ 11,782.84	x		Raw Materials
404	5/24/19	WT	Food Source	\$ 16,750.02	x		Raw Materials
406	5/24/19	WT	Elite Spice	\$ 12,577.50	x		Raw Materials
423	5/30/19	353	Pacific Source Health Plan	\$ 18,309.37	x		Health Insurance
426	5/30/19	WT	Infinisource (Amcheck)	\$ 25,266.91	x		Payroll
429	5/31/19		Paychecks	\$ 66,838.16	p		Payroll

# SOFA Question 3 Attachment - Transfers within 90 Days

434	5/31/19	WT	CH ROBINSON	\$ 20,610.00	x		Freight Expense
459	6/4/19	WT	CH Robinson	\$ 7,530.00	x		Freight Expense
461	6/5/19	WT	CDB Packaging Purchase	\$ 38,713.40	x		Packaging Purchase
463	6/5/19	WT	Celtic Capital	\$ 11,649.17	x		Celtic Loan
465	6/5/19	wt	Agricor (Grain Miller)	\$ 15,352.75	x		Raw Materials
480	6/6/19	WT	Larsen's Creamery	\$ 10,705.11	x		Raw Materials
504	6/11/19	WT	CH ROBINSON	\$ 7,000.00	x		Freight Expense
513	6/12/19	WT	Infinisource (Amcheck)	\$ 30,398.84			Payroll
515	6/14/19		Paychecks	\$ 72,663.30			Payroll
521	6/14/19		Paychecks	\$ 74,634.42	P		Payroll
532	6/17/19	WT	PCA	\$ 13,849.00	x		Packaging Purchase
534	6/17/19	WT	Elite Spice	\$ 13,757.50	x		Raw Materials
536	6/17/19	WT	CDB Packaging	\$ 22,000.00	x		Packaging Purchase
543	6/18/19	WT	Food Source	\$ 9,762.48	x		Raw Materials
561	6/19/19	WT	Columbia Corrugated	\$ 9,100.00	x		Packaging Purchase
570	6/20/19	WT	Agricor (Grain Millers)	\$ 19,037.50	x		Raw Materials
572	6/20/19		JS Personal Chase 0269	\$ 14,574.67	x		Raw Materials
578	6/21/19	WT	Larsens Creamery	\$ 16,169.21	x		Raw Materials
586	6/21/19	395	Pacific Source Health Plan	\$ 19,042.71			Health Insurance
594	6/25/19	EFT	JS INVESTMENT CC (8677)	\$ 19,063.34	x		Raw Materials
596	6/25/19	WT	CBD	\$ 28,910.97	x		Packaging Purchase
598	6/25/19	WT	Larsen's Creamery	\$ 12,938.37	x		Raw Materials
601	6/26/19	WT	CH ROBINSON	\$ 6,985.00	x		Freight Expense
603	6/26/19	WT	Leonard Law Group	\$ 45,000.00	x		Professional Services
605	6/26/19	WT	Infinisource	\$ 27,706.11	x		Payroll
625	6/28/19		Payroll Checks	\$ 60,249.05	p		Payroll
				\$ 1,906,732.83			

2Loris, LLC  
79 Centennial Loop  
Eugene, OR 97401

AMERICAN VEGETARIAN  
ASSOCIATION  
PO BOX 259  
EAST HANOVER, NJ 7936

2Loris, LLC  
Randy McPherson  
1247 Crenshaw Rd  
Eugene, OR 97401

ANDALUCIA NUTS  
3505 BERING DR  
HOUSTON, TX 77057

2Loris, LLC  
450 Country Club Road, Suite 310  
Eugene, OR 97401

APPLIED INDUSTRIAL TECHNOLOGIE  
3150 W 5TH AVE  
EUGENE, OR 97402

360 MERCHANDISING SOLUTIONS  
300 DAVE COWENS DRIVE  
8TH FLOOR  
NEWPORT, KY 41071

ARAMARK  
PO BOX 101179  
PASADENA, CA 91189

ALICIA BOLLS  
8473 FM 902  
COLLINSVILLE, TX 76233

ARMORY SECURITIES LLC  
1230 ROSECRANS AVE  
SUITE 660  
MANHATTAN BEACH, CA 90266

ALLANN BROTHERS  
1852 FESCUE ST. NE  
ALBANY, OR 97322

ATLAS BRAND MANAGEMENT  
45 ASPEN HILLS DRIVE  
CALGARY, AB T3H 0P8

ALPINE PUMP  
4040 BANNER STREET  
EUGENE, OR 97404

Adair, Marcela G  
131 SW Kalmia St  
Junction City, OR 97448

AMERICAN BANKERS INSURANCE COM  
PO BOX 731178  
DALLAS, TX 75373-1178

American Express Travel Related Services Comp  
c/o Zwicker & Associates, Attn. Carl Zap  
100 Corporate Woods, Suite 230  
Rochester, NY 14623

AMERICAN EXPRESS CORPORATE  
PO BOX 650448  
DALLAS, TX 75265-0448

American Pop Corn  
One Fun Place  
PO Box 178  
Sioux City, IA 51102

AMERICAN POP CORN COMPANY  
ATTN : GARRY SMITH  
ONE FUN PLACE  
SIOUX CITY, IA 51108

Armory Securities, LLC  
1230 Rosecrans Avenue, Suite 660  
Manhattan Beach, CA 90266

AMERICAN TASTE  
8055 W MANCHESTER AVENUE  
SUITE 310  
PLAYA DEL RAY, CA 90293

Arnold, Jason  
1897 Balboa Street  
Eugene, OR 97408

B & I HARDWARE & RENTAL  
120 W. 6TH STREET  
JUNCTION CITY, OR 97448



BARKE GROUP INC.  
PO BOX 44203  
EDEN PRAIRIE, MN 55344

Bedolla, Mary B  
1304 Chambers Apt 3  
Eugene, OR 97402

BASCOM FAMILY FARMS  
56 SUGARHOUSE RD  
Alstead, NH 03602

Betty Small  
1138 Breckenridge Drive  
Junction City, OR 97448

BATORY FOODS  
1700 E HIGGINS RD  
SUITE 300  
DES PLAINES, IL 60018

Betty Small Trust  
1138 Breckenridge Drive  
Junction City  
OR 97448

BEAVER SPORTS PROPERTIES  
C/O LEARFIELD COMMUNICATIONS  
PO BOX 843038  
KANSAS CITY, MO 64184-3038

Bivens II, Kelly R  
411 Alder Street  
Junction City, OR 97448

BIOLOGIC RESOURCES LLC  
10260 SW NIMBUS AVE  
SUITE M11  
PORTLAND, OR 97223

Blasengame, Dominic J  
92599 Prairie Road  
Junction City, OR 97448

BNSF LOGISTICS  
75 REMITTANCE DRIVE  
SUITE 1767  
CHICAGO, IL 60675

Buck, Kenyon E  
1340 C Street  
Springfield, OR 97477

BNSF Logistics, LLC  
c/o Joseph L. Steinfeld, Jr., ASK LLP  
2600 Eagen Woods Drive, Suite 400  
Saint Paul, MN 55121

Buntin, Sean L  
4866 Camellia Street  
Springfield, OR 97478

BODTKER MACHINE  
94213 RIVER ROAD  
JUNCTION CITY, OR 97448

C H ROBINSON COMPANY  
PO BOX 9121  
MINNEAPOLIS, MN 55480-9121

BUNGE NORTH AMERICA-MILLING  
PO BOX 842453  
Boston, MA 02284

C. CRETORS AND COMPANY  
176 MITTEL DRIVE  
WOOD DALE, IL 60191

BUY-LOW LOOPS LP #902  
8188 RIVER WAY  
DELTA, BC V4G 1K5

CARDMEMBER SERVICES  
CHASE CORP VISA

Barber, Stephen  
684 Oakdale Avenue  
Springfield, OR 97477

CARQUEST  
323 HATTON LANE  
JUNCTION CITY, OR 97448

CDB PACKAGING  
2058 N MILLS AVENUE #246  
CLAREMONT, CA 91711

CHALLENGE DAIRY PRODUCTS  
PO BOX 742266  
LOS ANGELES, CA 90074-2266

COSMOS CREATIONS PAYROLL  
395 E 1ST AVE  
JUNCTION CITY, OR 97448

CHANDLER FOOD SALES  
601 NW 10TH STREET  
PO BOX 532607  
GRAND PRAIRIE, TX 75053

COYOTE LOGISTICS LLC  
PO BOX 742636  
ATLANTA, GA 30374-2636

CHEP USA  
15226 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693

Cain, Benjamin  
1063 S. 34th Place  
Springfield, OR 97478

CHEX FINER FOODS  
71 HAMPDEN ROAD  
MANSFIELD, MA 2048

California Franchise Tax Board  
PO Box 1468  
Sacramento, CA 65812

COHEN & STONE  
124 Haverford Ct  
Falling Waters, WV 25419

Campbell, Marianne  
820 Williams Street  
Eugene, OR 97402

COLUMBIA CORRUGATED BOX  
12777 SW TUALATIN-SHERWOOD RD  
TUALATIN, OR 97062

Celtic Capital Corp.  
23622 Calabasas Rd.  
Suite 323  
Calabasas, CA 91302

COLUMBIA STATE BANK  
PO BOX 1757  
TACOMA, WA 98401-1757

Celtic Capital Corp.  
Hemar, Rousso & Heald, LLP, Attn: J. Al  
15910 Ventura Blvd., 12th Floor  
Encino, CA 91436

COMCAST 9679  
PO BOX 37601  
PHILADELPHIA, PA 19101

Challenge Dairy Products, Inc.

COMCAST-4616  
PO BOX 34227  
SEATTLE, WA 98124

Chambers, Aaron R  
1050 Nyssa Street  
Junction City, OR 97448

COMCAST-7242  
PO BOX 34227  
SEATTLE, WA 98124

Chrono Heath Care, Inc.  
395 E. 1st  
Junction City, OR 97448

COMCAST-7798  
PO BOX 34227  
SEATTLE, WA 98124

City of Junction City  
PO Box 250  
Junction City, OR 97448

CORPORATE PAYMENT SYSTEMS  
PO BOX 6335  
FARGO, ND 58125-6335

Columbia State Bank  
Farleigh Wada Witt, Attn: Kimberley McGa  
121 SW Morrison Street, Suite 600  
Portland, OR 97204

Columbia State Bank  
500 E Broadway Suite 300  
Vancouver, WA 98660

Columbia State Bank  
1301 A St.  
Suite 800  
Tacoma, WA 98402

Conklin Jr, William  
3255 Gateway Street #8  
Springfield, OR 97477

D & B Grocers  
35400 Central City Parkway  
Westland, MI 48185

DATA COUNCIL INC, THE  
PO Box 970066  
Boston, MA 02297

DAYMON WORLDWIDE INC  
PO BOX 744820  
ATLANTA, GA 30374

DE LAGE LANDEN FINANCIAL SERVICE  
PO BOX 41602  
PHILADELPHIA, PA 19101

DECOPAC INC  
SDS 12-0871  
PO BOX 86  
MINNEAPOLIS, MN 55486-0871

DELTA IT SERVICES LLC  
PO BOX 1675  
SANDY, OR 97055

DEPARTMENT OF CONSUMER & BUSIN  
REVENUE SERVICES SECTION  
PO BOX 14610  
SALEM, OR 97309-0445

DIRECT TRANSPORT  
PO BOX 870  
WILSONVILLE, OR 97070

DOMINO FOODS INC  
PO BOX 79066  
CITY OF INDUSTRY, CA 91716

DR JOHNSON SALES & MARKETING  
3526 LAKEVIEW PARKWAY  
SUITE B 231  
ROWLETT, TX 75088

DW SALES LLC  
938 NORTH 79TH STREET  
SEATTLE, WA 98103

Davis, Seth M  
245 Crona Street  
Junction City, OR 97448

De Castro, Jheorgie  
28611 Cox Butte Road  
Junction City, OR 97448

De Lage Landen Financial Services  
PO Box 41602  
Philadelphia, PA 19101

De Lage Landen Financial Services, Inc.  
1111 Old Eagle School Rd.  
Wayne, PA 19087

Debra and Norman Magnuson  
31871 Herman Road  
Eugene  
OR 97408

Dewayne Tiller  
38879 Upper Camp Creek  
Springfield, OR 97478

Dewayne Tiller  
38879 Upper Camp Creek  
Springfield  
OR 97478

Dianne Fay Leavitt  
5250 Senger Lane  
Eugene  
OR 97405

Dominguez Family Enterprises, Inc.  
Motschenbacher & Blattner LLP, Attn: Nic  
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Portland, OR 97204

Dominguez Family Enterprises, Inc.  
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EUGENE, OR 97404

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EUGENE, OR 97402

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EARTH2O  
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PASADENA, CA 91185-1415

ECRM  
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SOLON, OH 44139

FEDEX FREIGHT  
DEPT CH  
PO BOX 10306  
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ELISA TECHNOLOGIES INC  
2501 NW 66TH CT  
GAINESVILLE, FL 32653

FLAVORCHEM  
1525 BROOK DRIVE  
DOWNERS GROVE, IL 60515

EMPIRE RUBBER SUPPLY  
PO BOX 14950  
PORTLAND, OR 97293-0950

FONA INTERNATIONAL INC  
PO BOX 71333  
CHICAGO, IL 60694

EOFF ELECTRICAL SUPPLY CO.  
PO BOX 748177  
LOS ANGELES, CA 90074-8177

FOODAROM  
5525 WEST 1730 SOUTH  
SUITE 202  
SALT LAKE CITY, UT 84104

ESHA RESEARCH INC  
4747 SKYLINE RD S  
STE 100  
SALEM, OR 97306

FORMER FAB, INC  
2101 Former Fab Dr  
Pearland, TX 77581

ESHIPPING  
PO BOX 775332  
Chicago, IL 60677

FREIGHTQUOTE  
PO BOX 9121  
MINNEAPOLIS, MN 55480

ESHIPPING LLC  
PO BOX 775332  
CHICAGO, IL 60677

Foodarom, c/o Euler Hermes Canada Euler Herme  
attn: Sam Gullotti  
1155, boul. René-Lévesque Ouest, bureau  
Montréal (Québec) H3B 2L2,

Frank and Linda Taylor  
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12822 NE 43rd Circle  
Vancouver, WA 98682

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HYGIENA  
ATTN: ACCOUNTS RECEIVABLE  
FILE 2007  
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GLORY BEE FOODS  
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SEATTLE, WA 98124

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GA 30041

GRAIN MILLERS  
1626 S JOAQUIN DR.  
Marion, IN 46953

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1626 S JOAQUIN DR.  
MARION, IN 46953

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1514 CANAL STREET  
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La Pine, OR 97739

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C/O TH1029  
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Hop Capital  
323 Sunny Isles Blvd., Suite 501  
North Miami Beach, FL 33160

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PO BOX 1173  
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OR 97408

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4525 PARK ROAD  
SUITE B-103  
CHARLOTTE, NC 28209

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TEANECK, NJ 7666

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602 SE SALMON ST  
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MARKETING BY DESIGN  
PO BOX 3231  
BEVERLY, MA 1915

Kyle Dixon  
28093 Crossley Lane  
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MCGUIRE BEARING CO.  
947 SE MARKET ST.  
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PO BOX 840897  
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PO BOX 5759  
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CONSUMER SCIENCE  
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CONSHOHOCKEN, PA 19428

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Eugene, OR 97401

MOUNTAIN CREEK MARKETING  
ATTN SHERWIN BECK  
6565 S DAYTON ST  
GREENWOOD VILLAGE, CO 80111

Land O' Lakes, c/o D&S Global Solutions  
Ref #2642314, Attn: Travis  
13809 Research Blvd. #800  
Austin, TX 78750

MUELLER YURGAE ASSOCIATES INC  
1055 SE 28TH STREET  
GRIMES, IA 50111

Land O' Lakes, c/o D&S Global Solutions  
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Austin, TX 78750

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Springfield  
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Mogstad, Kristen  
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2852 WILLAMETTE STREET PMB152  
EUGENE, OR 97405

NEOGEN CORPORATION  
620 LESHER PLACE  
LANSING, MI 48912

OREGON TILTH  
2525 SE 3RD STREET  
CORVALLIS, OR 97333

NEW SEASONS MARKET - PORT  
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SUITE 401  
PORTLAND, OR 97214

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1400 Broadway  
25th Floor  
New York, NY 10018

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PO BOX 931184  
ATLANTA, GA 31193

OnDeck Capital  
On Deck Capital Client Services Center  
4201 Wilson Blvd, Ste 110-209  
Arlington, VA 22203

NORTH COAST ELECTRIC COMPANY  
PO BOX 34399  
SEATTLE, WA 98124-1399

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BEAVERTON, OR 97006

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EUGENE, OR 97404

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PO BOX 50909  
EUGENE, OR 97405

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DETROIT, MI 48277

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PORTLAND, OR 97256-0001



PACIFIC SOURCE HEALTH PLAN  
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PORTLAND, OR 97208

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VALPARAISO, IN 46384

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LOS ANGELES, CA 90074

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PO Box 748895  
Los Angeles, CA 90074

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EUGENE, OR 97401

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250 STEELHEAD WAY  
THE DALLES, OR 97058

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Philadelphia, PA 19101

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Junction City, OR 97448

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183 MAGILL DRIVE  
GRAFTON, MA 1519

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Sisters  
OR 97559

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32433 COLLECTION CENTER DRIVE  
CHICAGO, IL 60693-0324

REIST POPCORN CO.  
PO BOX 155  
MOUNT JOY, PA 17552-0155

ROADRUNNER TRANSPORTATION  
PO BOX 74857  
CHICAGO, IL 60694

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OR 97213

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SALEM, OR 97312

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FEASTERVILLE, PA 19053

SCHNEIDER NATIONAL INC  
2567 PAYSPHERE CIRCLE  
CHICAGO, IL 60674

SEIDMAN FOOD BROKERAGE  
7684 WILES RD  
CORAL SPRINGS, FL 33067

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FILE LOCKBOX 51151  
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EUGENE, OR 97404

SNOTEMP COLD STORAGE  
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EUGENE, OR 97402

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PO Box 2323  
Mount Pleasant, SC 29465

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FINANCE DEPT  
136 MADISON AVE 12 FLOOR  
NEW YORK, NY 10016

SPRING VALLEY DAIRY  
PO BOX 20970  
KEIZER, OR 97307

SPS COMMERCE INC.  
VB BOX 3  
PO BOX 9202  
MINNEAPOLIS, MN 55480-9202

STANDARD INSURANCE COMPANY  
LIFE AND DISABILITY  
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OR 97408

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Strasheim, Mary C  
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Strasheim, Nicole  
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SANGER, CA 93657

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DENVER, CO 80291-1608

TIAA Bank  
PO BOX 911608  
Denver, CO 80291-1608

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SPRINGFIELD, OR 97478

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3748 BAYER AVE  
UNIT 201  
LONG BEACH, CA 90808

TRINITY SALES INC  
124 SWAN RD  
SMITHFIELD, RI 02917

The Knapp Family Trust  
411 Whiskey Hill Road  
Woodside  
CA 94062

Thomas, Jacob  
4330 Murname  
Eugene, OR 97402

Thomas, Rickey  
643 Territorial Road  
Harrisburg, OR 97446

Total Sweeteners dba Batory Foods  
c/o Louis Weinstock, Esq.  
223 W. Jackson Blvd., #512  
Chicago, IL 60606

WELCHS FOODS INC  
300 BAKER AVE  
SUITE 101  
Concord, MA 01742

Total Sweeteners, Inc. dba Batory Foods  
c/o Louis Weinstock, Esq.  
223 W. Jackson Blvd., #512  
Chicago, IL 60606

WESTERN PACKAGING INC  
PO BOX 297  
ALBANY, OR 97321

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5 CENTERPOINTE DR STE 600  
LAKE OSWEGO, OR 97035

WIRELESS SOURCE  
1711 WILLAMETTE ST. SUITE 301  
EUGENE, OR 97401

UNIVERSAL STUDIOS LICENSING  
10 UNIVERSAL CITY PLAZA  
UNIVERSAL CITY, CA 91608

Washington Department of Revenue - BK Notice  
2101 4th Avenue #1400  
Seattle, WA 98121

UPS  
PO BOX 894820  
LOS ANGELES, CA 90189-4820

Wells Fargo Bank, N.A.  
300 Tri-State International  
STE 400  
Lincolnshire, IL 60069

UPS FREIGHT  
28013 NETWORK PLACE  
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US BANK EQUIPMENT FINANCE  
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Irvine, CA 92618

Union Insurance Co.  
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Meridian, ID 83642

Worldwide Capital Management, Inc.  
30 Wall Street  
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New York, NY 10005

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DALLAS, TX 75266-0208

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29559 NETWORK PLACE  
CHICAGO, IL 60673

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Springfield, OR 97475

WCP SOLUTIONS  
PO BOX 84145  
SEATTLE, WA 98124

United States Bankruptcy Court  
District of Oregon

In re: 4 Him Food Group, LLC

Case No.

Chapter 11

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 07/02/2019

/s/ John Strasheim

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

**United States Bankruptcy Court**

**IN RE:**

Case No. \_\_\_\_\_

4 Him Food Group, LLC

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Hal Woodyard 1257 Edin Bridge Court, Cumming, GA 30041	1.33%	
Betty Small Trust 1138 Breckenridge Drive, Junction City, OR 97448	4.64%	
Ron Evans 2015 NE 56th Avenue, Portland, OR 97213	3.34%	
Debra and Norman Magnuson 31871 Herman Road, Eugene, OR 97408	1.33%	
Kyle Dixon 28093 Crossley Lane, Eugene, OR 97402	6.29%	
Dianne Fay Leavitt 5250 Senger Lane, Eugene, OR 97405	3.31%	

**United States Bankruptcy Court**

**IN RE:**

Case No. \_\_\_\_\_

4 Him Food Group, LLC

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
R. Derek Jaros PO Box 1957, Sisters, OR 97559	3.81%	
The Knapp Family Trust 411 Whiskey Hill Road, Woodside, CA 94062	4.82%	
Steve Hayes 2877 Martinique Ave., Eugene, OR 97408	2.22%	
Jerid Strasheim 852 Unity Drive, Eugene, OR 97408	12.16%	
Jason Goss 39040 Upper Camp Creek, Springfield, OR 97478	9.32%	
Matt Tiller 39559 Upper Camp Creek, Springfield, OR 97478	9.32%	

**United States Bankruptcy Court**

**IN RE:**

Case No. \_\_\_\_\_

4 Him Food Group, LLC

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Dewayne Tiller 38879 Upper Camp Creek, Springfield, OR 97478	11.27%	
John Strasheim 1138 Breckenridge Drive, Junction City, OR 97448	27.34%	Managing member

**Fill in this information to identify the case:**Debtor name 4 Him Food Group, LLCUnited States Bankruptcy Court for the: District of Oregon

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Graystone Legacy Investments, Inc. 12822 NE 43rd Circle Vancouver, WA, 98682		Monies Loaned / Advanced				1,660,500.00
2	CDB PACKAGING 2058 N MILLS AVENUE #246  CLAREMONT, CA, 91711		Suppliers or Vendors				575,763.59
3	Frank and Linda Taylor 95796 Howard Lane Junction City, OR, 97448		Monies Loaned / Advanced				412,000.00
4	COLUMBIA CORRUGATED BOX 12777 SW TUALATIN-SHERWOOD RD  TUALATIN, OR, 97062		Suppliers or Vendors				87,861.87
5	BATORY FOODS 1700 E HIGGINS RD SUITE 300 DES PLAINES, IL, 60018		Suppliers or Vendors				80,298.32
6	NOLAN TRANSPORTATION GROUP PO BOX 931184  ATLANTA, GA, 31193		Suppliers or Vendors				72,018.98
7	J B HUNT TRANSPORT INC PO BOX 98545  CHICAGO, IL, 60693-8545		Suppliers or Vendors				58,827.71
8	BUNGE NORTH AMERICA-MILLING PO BOX 842453  Boston, MA, 02284		Suppliers or Vendors				57,600.00



	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	WELCHS FOODS INC 300 BAKER AVE SUITE 101 Concord, MA, 01742		Suppliers or Vendors				50,000.00
10	AMERICAN EXPRESS CORPORATE PO BOX 650448  DALLAS, TX, 75265-0448		Suppliers or Vendors				46,526.39
11	FOODAROM 5525 WEST 1730 SOUTH SUITE 202 SALT LAKE CITY, UT, 84104		Suppliers or Vendors				46,316.71
12	GLORY BEE FOODS PO BOX 35142 #105  SEATTLE, WA, 98124		Suppliers or Vendors				44,604.48
13	GRAIN MILLERS 1626 S JOAQUIN DR.  Marion, IN, 46953		Suppliers or Vendors				38,637.50
14	PERSONNEL SOURCE 555 LINCOLN STREET  EUGENE, OR, 97401		Services				35,746.04
15	UNIVERSAL STUDIOS LICENSING 10 UNIVERSAL CITY PLAZA  UNIVERSAL CITY, CA, 91608		Suppliers or Vendors				31,819.16
16	UPS FREIGHT 28013 NETWORK PLACE  CHICAGO, IL, 60673-1280		Suppliers or Vendors				31,705.61
17	BASCOM FAMILY FARMS 56 SUGARHOUSE RD  Alstead, NH, 03602		Suppliers or Vendors				31,441.61
18	UNITEDHEALTHCARE 5 CENTERPOINTE DR STE 600  LAKE OSWEGO, OR, 97035		Services				30,688.80
19	PENINSULA TRUCK LINES INC PO Box 748895  Los Angeles, CA, 90074		Suppliers or Vendors				27,548.80
20	C. CRETORS AND COMPANY 176 MITTEL DRIVE  WOOD DALE, IL, 60191		Suppliers or Vendors				27,413.75

**Timothy A. Solomon**, OSB 072573  
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**Justin D. Leonard**, OSB 033736  
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Portland, Oregon 97258  
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Proposed Counsel for Debtor and Debtor in Possession

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF OREGON

In re

**4 Him Food Group, LLC**, an Oregon  
corporation, dba **Cosmos Creations**,  
  
Debtor.

Case No.

**CERTIFICATE OF SERVICE RE:  
U.S. TRUSTEE**

I hereby certify that on July 2, 2019, I prepared a copy of the List of Creditors Holding 20 Largest Unsecured Claims and have carefully compared the same with the original thereof and it is a correct copy therefrom and the whole thereof. I further certify that this office prepared mailing labels addressed to the Debtor, Debtor's Attorney, and each creditor listed in the List of Creditors Holding 20 Largest Unsecured Claims.

I hereby certify that on July 2, 2019, I caused the above-described labels and List of Creditors Holding 20 Largest Unsecured Claims to be served on the Office of the U.S. Trustee at 405 East 8<sup>th</sup> Avenue Suite 1100, Eugene, OR 97401 by standard overnight mail (FedEx).

LEONARD LAW GROUP LLC

By: /s/ Timothy A. Solomon  
Timothy A. Solomon, OSB 072573  
Proposed Counsel for Debtor and  
Debtor in Possession